

DEKALB COUNTY POLICE DEPARTMENT						Case #:	
GA0440200						17-061038	
INCIDENT REPORT							

EVENT	Incident Type:			Counts	Incident Code	Offense Jurisdiction	Arrest Jurisdiction
	16-5-20 (1313) SIMPLE ASSAULT			1	1313	COUNTY	
	16-7-21 (2902) CRIMINAL TRESPASS - DAMAGE <500 - PRIVATE			1	2902	COUNTY	
	Premise Type:			Weapon Type:	Forcible:	Stranger To Stranger:	Hate Motivated:
	ALL OTHER			04	U	N	<input type="checkbox"/>
	Date Report:	Incident Start:	Incident End:	Incident Location:			
	6/20/2017 3:52:52 PM	6/20/2017 3:00:00 PM	6/20/2017 3:10:00 PM	4649 MEMORIAL DRIVE DECATUR GA 30032--			

VICTIM	Name (Last, First Middle):		Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:
	PERRY, KEITH III			-1989	27	M	B	U
	Address:		Home #:	Work #:	Cell #:	Email:		
	35552 HAWTHORNE DR. ROMULUS MI 48174-							
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
		UNKNOWN						OLN #: P600465075558 State: MI
	Occupation:	Employer:	Address:		Employer Phone:			
	Victim Type:		Student:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School:		LEOKA Activity Type:	LEOKA Assignment Type:
	Individual							
	Injuries:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other		Used:		<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
	SMTs:							
	Relationship To Offenders:	(1) ACQUAINTANCE	(2)	(3)	(4)	(5)	(6)	(7)
	Offenses Involved:	(1) 1313	(2) 2902	(3)	(4)	(5)	(6)	(7)

OFFENDER	Name:		Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:
	DAY, DAYSHEANA I			1998	19	F	B	N
	Address:		Home Phone:	Work Phone:	Cell Phone:	Email:		
	9022 N. 35TH AVE PHOENIX AR 85051-							
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
		UNKNOWN			BLACK			BROWN
	Occupation:	Employer:	Address:		Employer Phone:			
	SMTs:							
	Offenses Involved:							
	(1) 16-5-20 (1313) SIMPLE ASSAULT	1313	(2)	16-7-21 (2902) CRIMINAL TRESPASS - DAMAGE <5 2902				
	(3)		(4)					
	(5)		(6)					
	(7)		(8)					
	(9)		(10)					
	WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/>		SUSPECT ARMED: N		WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
	TOTAL NUMBER ARRESTED: 0		ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS	
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS	
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER	
STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL		TOTAL		TOTAL		TOTAL	
	\$0.00		\$0.00		\$0.00		\$0.00	

ADM.	GCIC ENTRY <input type="checkbox"/>		WARRANT <input type="checkbox"/>		MISSING PERSONS <input type="checkbox"/>		VEHICLE <input type="checkbox"/>	
	ARTICLE <input type="checkbox"/>		BOAT <input type="checkbox"/>		GUN <input type="checkbox"/>		SECURITIES <input type="checkbox"/>	
DRUG	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER							
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1 - Amphetamine		2 - Barbiturate		3 - Cocaine	
			4 - Hallucinogen		5 - Heroin		6 - Marijuana	
			7 - Methamphetamine		8 - Opium		9 - Synthetic Narcotic	
			U - Unknown					
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT		CLEARED BY ARREST <input type="checkbox"/>		EXCEPTIONALLY CLEARED <input type="checkbox"/>		UNFOUNDED <input type="checkbox"/>	
	DATE OF CLEARANCE		ADULT <input type="checkbox"/>		JUVENILE <input type="checkbox"/>			
	REPORTING OFFICER		NUMBER		APPROVING OFFICER		NUMBER	
	Woody j s		3334		Parker o b		1815	

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE				Case #: 17-061038	
Officer ID/Name:	3334 Woody j s	Date:	6/20/2017 4:02:32 PM	Approving Officer ID/Name:	1815 Parker o b
Tide:	INITIAL REPORT				
<p>On 06/20/17 at approximately 15:15 hours, I responded to the United Inn and Suites located at 4649 Memorial Drive in reference to a neighbor dispute.</p> <p>Upon arrival, I spoke with Keith Perry who stated that Daysheana Day assaulted him by throwing a glass candle at him while he stood outside the doorway of room 101. Mr. Perry stated that the candle struck him in the side. No injuries were visible and EMS was refused on scene. Mr. Perry stated that Ms. Day had his cell phone and damaged it by throwing it against the wall. Mr. Perry advised that the incident was captured on camera. I made contact with an employee at the front desk to view camera footage. The location of the incident took place at the end of the cameras surveillance range. Very little can be made out from the footage.</p> <p>I spoke with Daysheana Day inside room 101 about the incident. She advised that she is a prostitute and that Mr. Perry is her pimp. Ms. Day stated that Mr. Perry became upset earlier when she refused to perform a sexual favor. Ms. Day stated that Mr. Perry left taking his suitcase and proceeded to another female's room at the motel. Ms. Day stated that the room is in her name. Ms. Day said that the two argued in the doorway when he returned asking about phone. Ms. Day stated that she did not hit Mr. Perry with a candle and didn't have his phone. Ms. Day gave me verbal consent to search the room. The phone was not located. I attempted to call the phone and it rang a couple of times and went to voicemail.</p> <p>Mr. Perry was provided with a case number and victim contact card. He was advised on the warrant and protective order application protocol.</p>					

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 17-072065			
EVENT	Incident Type: 16-6-9 (4004) Prostitution			Counts 1	Incident Code 4004	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY		
	Premise Type: COMMERCIAL			Weapon Type:	Forcible: N	Stranger To Stranger Y	Hate Motivated: <input type="checkbox"/>		
	Date Report: 7/21/2017 5:29:00 PM			Incident Start: 7/20/2017 6:00:00 PM	Incident End: 7/20/2017 6:20:00 PM	Incident Location: 4649 Memorial Drive Decatur GA 30032-			
VICTIM	Name (Last, First Middle): State of Georgia			Moniker:	DOB:	Age:	Sex: Race: Ethnicity:		
	Address: 1960 W. Exchange Place Tucker GA 30084-			Home #:	Work #:	Cell #:	Email:		
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color: OLN #: State:	
	Occupation:			Employer:	Address:		Employer Phone:		
	Victim Type: Government			Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type: LEOKA Assignment Type:		
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other			Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
	SMTs:								
	Relationship To Offenders:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
	Offenses Involved:	(1) 4004	(2)	(3)	(4)	(5)	(6)	(7)	
	OFFENDER	Name: Smith, Jessica Kenya			Moniker:	DOB: 1999	Age: 18	Sex: F Race: B Ethnicity: N	
Address: 2866 Manor Court Snellville GA 30078-			Home Phone:	Work Phone:	Cell Phone:	Email:			
SSN:		Resident Status: RESIDENT	HGT: 509	WGT: 138	Hair Color: BLACK	Hair Style: STRAIGHT	Hair Length: LONG	Eye Color: BROWN OLN #: State:	
Occupation:			Employer:	Address:		Employer Phone:			
SMTs:									
Offenses Involved:			1) 16-6-9 (4004) Prostitution 4004 (2) (3) (4) (5) (6) (7) (8) (9) (10)						
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>			SUSPECT ARMED:		WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
TOTAL NUMBER ARRESTED: 1			ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
PROPERTY		VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS	
		STOLEN	\$0.00	\$0.00		\$0.00		\$0.00	
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00		
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS		
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00		
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00		
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00		
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00		
	TOTAL		\$0.00		\$0.00		\$0.00		
ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES								
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown								
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE								
	REPORTING OFFICER Johnson m		NUMBER 2183		APPROVING OFFICER Brannon h l		NUMBER 1911		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE				Case #: 17-072065	
Officer ID/Name:	2183 Johnson m	Date:	7/21/2017 7:35:00 PM	Approving Officer ID/Name:	1911 Brannon h l
					Date: 7/21/2017 7:36:00 PM
Title: INITIAL REPORT					
<p>The investigation into the case of the state of Georgia versus JESSICA KENYA SMITH (Black Female D.O.B. [REDACTED]) charged with Prostitution 16-6-9 revealed the following facts and events: On July 20, 2017 the DeKalb County Vice Unit and the Federal Bureau of Investigations (F.B.I.) Metro Atlanta Child Exploitation Task Force (MATCH) with help from the North Central Precinct Neighborhood Enforcement Team (N.E.T.) conducted an operation in reference child and adult prostitution at 4649 Memorial Drive (United Inn & Suites) Decatur, Georgia 30032.</p> <p>At 1730 hours, while in an undercover capacity, I placed a call to an unknown number [REDACTED] that was associated to an unknown black female who was advertising her ad on BackPage website dating section ad title: (Daisy Love [REDACTED]) - 18 Post Id: 72143143 Atlanta, Posted date Thursday, July 20, 2017 3:04 AM. The female was later identified as JESSICA KENYA SMITH. While on the phone with SMITH, she stated that she charged \$80.00 for 30 minutes for her service, and for me to bring a condom. At the same time, SMITH stated to me "are you the police".</p> <p>At 1802 hours, I advised SMITH via text that I was on Memorial Drive. Afterwards, SMITH texted "4649 Memorial Drive Stone Mountain Georgia"- "Not police right?" At 1813 hours, I called SMITH and told her that I was outside at the United Inn. SMITH advised me that her room number was #132. During this time, I arrived at room #132; knocked on the door and was escorted inside the room by SMITH. Once inside the room, I observed SMITH standing in the nude, and a female toddler sitting in a stroller inside the bathroom. I then gave SMITH \$100.00 of the U.S. Currency that derived from the Official DeKalb County Investigative Funds serial #JC07078104A. I then asked SMITH what was I getting for the \$100.00, and she stated "I do everything no kissing no greek". At the same time, I gave the arrest signal and Officer Hill, Detective King along with the F.B.I. Task Force officers entered the room to place SMITH in custody.</p> <p>Later, Detective King located the \$100.00 on top of a night table that was next to the bed. Also, Ms. SMITH child: Maya Marie Smith D.O.B. [REDACTED]/2015 was later transported to the DeKalb County Police Headquarters where she was given to the custody of her grandmother Kenyada Smith.</p> <p>SMITH was later transported to the DeKalb County Jail where she was charged with prostitution.</p>					

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 18-103027					
EVENT	Incident Type: 16-5-1 (0912) MURDER - OTHER WEAPON 16-5-1			Counts 1	Incident Code 0912	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY				
	16-62 Person dead			1	NONC						
	WANTED PERSON LOCATED			1	NONC	COUNTY	COUNTY				
	Premise Type: COMMERCIAL			Weapon Type: 03	Forcible: U	Stranger To Stranger: U	Hate Motivated: <input type="checkbox"/>	Loc Code: 560			
Date Report: 4/19/2018 8:15:00 AM Incident Start: 4/19/2018 6:00:00 AM Incident End: 4/19/2018 6:30:00 AM Incident Location: 4649 MEMORIAL DR DECATUR GA											
VICTIM	Name (Last, First Middle): MCKENZIE, GAVIN			Moniker:	DOB: -1983	Age: 35	Sex: M Race: B Ethnicity:				
	Address: 280 NORTHERN APT 16F AVE AVONDALE GA 3000			Home #:	Work #:	Cell #:	Email:				
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #: 049035076	State: GA	
	Occupation: UNKNOWN OR NOT STA			Employer:	Address:		Employer Phone:				
	Victim Type: Individual			Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type:		LEOKA Assignment Type:		
	Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Internal <input type="checkbox"/> Teeth <input checked="" type="checkbox"/> Unconscious <input checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input checked="" type="checkbox"/> Other							Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
	SMTs:										
	Relationship To Offenders:	(1) ACQUAINTANCE	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Offenses Involved:	(1) 0912	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	OFFENDER	Name: MILLER, DARYL SHONELL			Moniker:	DOB: -1978	Age: 40	Sex: M Race: B Ethnicity:			
Address: 2787 KEYSTONE AVE LITHONIA GA 30058-			Home Phone:	Work Phone:	Cell Phone:	Email:					
SSN:		Resident Status: RESIDENT	HGT: 509	WGT: 236	Hair Color: BLACK	Hair Style: OTHER	Hair Length: BALD(ING)	Eye Color: BROWN	OLN #: 007403468	State: SC	
Occupation: UNKNOWN OR NOT STAT			Employer:	Address:		Employer Phone:					
SMTs:											
Offenses Involved:											
(1) 16-5-1 (0912) MURDER - OTHER WEAPON 16-5-1			(2) 0912								
(3)			(4)								
(5)			(6)								
(7)			(8)								
PROPERTY	VEHICLES			CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS			
	STOLEN	\$0.00		\$0.00		\$0.00		\$0.00			
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00			
	CLOTHING			OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS			
	STOLEN	\$0.00		\$0.00		\$0.00		\$0.00			
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00			
	FIREARMS			CONSUMABLE GOODS		LIVESTOCK		OTHER			
	STOLEN	\$0.00		\$0.00		\$0.00		\$0.00			
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00			
	TOTAL			TOTAL		TOTAL		TOTAL			
\$0.00			\$0.00		\$0.00		\$0.00				
CLEAR	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES										
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown										
	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE										
REPORTING OFFICER Matthews w n			NUMBER 2985			APPROVING OFFICER Coachman s a			NUMBER 1830		

DEKALB COUNTY POLICE DEPARTMENT										Case #:				
GA0440200										18-103027				
ADDITIONAL VICTIMS														
Name (Last, First Middle): Watts, Corita				Moniker:		DOB: [REDACTED] 1980		Age: 37		Sex: F	Race: B	Ethnicity:		
Address: 4649 MEMORIAL DR DECATUR GA 30032-				Home #:		Work #:		Cell #:		Email:				
SSN:		Resident Status:		HGT: 504	WGT: 140	Hair Color: BLACK		Hair Style:		Hair Length:		Eye Color: BROWN	OLN #:	State:
Occupation:				Employer:		Address:				Employer Phone:				
Victim Type:				Student: Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		If Yes, Name of Victim's School:				LEOKA Activity Type:		LEOKA Assignment Type:		
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer														
SMTs:														
Relationship To Offenders:	(1)		(2)		(3)		(4)		(5)					
	(6)		(7)		(8)		(9)		(10)					
Offenses Involved:	(1)		(2)		(3)		(4)		(5)					
	(6)		(7)		(8)		(9)		(10)					
Name (Last, First Middle): AVERY, JACQUELYN				Moniker:		DOB: [REDACTED] -1979		Age: 38		Sex: F	Race: B	Ethnicity: N		
Address: GA -				Home #:		Work #:		Cell #:		Email:				
SSN:		Resident Status:		HGT:	WGT:	Hair Color:		Hair Style:		Hair Length:		Eye Color:	OLN #:	State:
Occupation:				Employer:		Address:				Employer Phone:				
Victim Type:				Student: Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		If Yes, Name of Victim's School:				LEOKA Activity Type:		LEOKA Assignment Type:		
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer														
SMTs:														
Relationship To Offenders:	(1)		(2)		(3)		(4)		(5)					
	(6)		(7)		(8)		(9)		(10)					
Offenses Involved:	(1)		(2)		(3)		(4)		(5)					
	(6)		(7)		(8)		(9)		(10)					
Name (Last, First Middle): NOT APPLICABLE				Moniker:		DOB:		Age: 00		Sex: U	Race: U	Ethnicity:		
Address: NOT APPLICABLE				Home #:		Work #:		Cell #:		Email:				
SSN:		Resident Status:		HGT:	WGT:	Hair Color: UNKNOWN		Hair Style: UNKNOWN		Hair Length: UNKNOWN		Eye Color: UNKNOWN	OLN #:	State:
Occupation:				Employer:		Address:				Employer Phone:				
Victim Type:				Student: Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		If Yes, Name of Victim's School:				LEOKA Activity Type:		LEOKA Assignment Type:		
Unknown														
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer														
SMTs:														
Relationship To Offenders:	(1) RELATIONSHIP UN		(2)		(3)		(4)		(5)					
	(6)		(7)		(8)		(9)		(10)					
Offenses Involved:	(1) None		(2)		(3)		(4)		(5)					
	(6)		(7)		(8)		(9)		(10)					

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #

18-103027

Officer ID/Name:

2985

Matthews w n

Date:

4/19/2018 8:30:00 AM

Approving Officer ID/Name:

1830

Coachman s a

Date:

Title:

INITIAL REPORT

On 4/19/2018 at approximately 6:15 am, I responded to 4649 Memorial Dr (United Inn) in reference to a Fight. Upon my arrival, I observed a female performing C.P.R on a male on the ground in front of room #320.

The female identified as Corita Watts (clerk) stated she observed a male on top of the victim, she advised the suspect was holding the victim down with both hands on his shoulders saying, "man stop trying to attack me." The witness advised the male suspect (black male approximately 5'7/180 lbs-190lbs/possible dark camouflage long sleeve shirt/dark pants) got up and walked away from the location, she also advised the victim was not moving when the suspect got up off of him.

Ms. Watts stated the suspect got on the Marta #121 bus and left the location. A lookout was given in reference to the suspect, Marta Police was also advised. Major Felony detective Muller and Sgt. Walker responded to the scene. The Victim was transported to DeKalb Medical Hospital (Decatur) by A.M.R #51 in critical condition at this time. The victim, Mr. McKenzie, filed a police report earlier this date in reference to him being assaulted, case #18-102999.

Video footage was available at the office in reference to this incident.

DEKALB COUNTY POLICE DEPARTMENT				Case #:	
GA0440200				18-103027	
NARRATIVE					
Officer ID/Name:	Date:	Approving Officer ID/Name:	Date:		
3394	Clarke m	4/19/2018 12:52:50 PM	1830	Coachman s a	
Title: ADDITIONAL NARRATIVE					
<p>Report Date: Reporting Officer: 3394 - Clarke m Approving Officer: 1830 - Coachman s a</p> <p>On April 19, 2018, I responded to 4649 Memorial Dr. to a fight.</p> <p>During the course of the investigation, I transported Ms. Jacquelyn Avery a suspect involved in the incident to Headquarters. Ms. Jacquelyn was interviewed, charged and transported to DeKalb County Jail.</p>					

DEKALB COUNTY POLICE DEPARTMENT				Case #	
GA0440200				18-103027	
NARRATIVE					
Officer ID/Name	Date	Approving Officer ID/Name	Date		
2739	Banahene e a	4/23/2018 5:11:59 PM	1951	Benton r a	4/24/2018 6:31:56 AM
Title: SUPPLEMENTAL NARRATIVE					
<p>Report Date: 04/23/2018 10:00:00 Reporting Officer: 2739 - Banahene e a Approving Officer: 1951 - Benton r a</p> <p>Suspect: Daryl Shonell Miller, B/M, 40 years old (DOB: [REDACTED] 1978), 509/236 pounds, dark complexion with a low hair and a black/gray bushy beard. The suspect was wearing basketball shorts when he was taken into custody.</p> <p>On April 23, 2018, at approximately 1003 hours, Officers R. Coquemar, #3432, K. Hoyt, #3284 (442D), T. Lattimore, #3266, Sgt. R. Benton (414D) and I responded with Sgt. Quigley (Unit 910) of the Homicide Section in reference to conducting a follow-up investigation at 2787 Keystone Avenue regarding locating a person of interest in a murder.</p> <p>When we arrived at the location, Sgt. Quigley met with the complainant, who let us into the residence, and pointed to the rear left bedroom on the main floor. As Sgt. Quigley, Sgt. Benton, Officer Coquemar and I went inside the home, Officers Hoyt and Lattimore went to the rear of the home. Sgt. Quigley opened the door to the rear left bedroom and I observed the suspect sleeping in a sleeping bag on the floor of the room. Sgt. Quigley called the suspect's name and told him to show his hands. The suspect was unarmed, Officer Coquemar took the suspect into custody and Sgt. Quigley advised the suspect of our reason for being there. Before we took the suspect outside, he asked for some clothes and his camouflage jacket and a sweater were taken with him along with the basketball shorts he was wearing, a pair of black tennis shoes and his two cell phones.</p> <p>Officer Coquemar and I transported the suspect to the DeKalb County Police Headquarters, where he was interviewed by Homicide Detectives. Sgt. Quigley later advised Mr. Miller of the charge of Murder and asked that the suspect be transported to the DeKalb County Jail on Warrant #18-W-006685. Officer Coquemar and I transported Mr. Miller to the jail without incident.</p> <p>My Body-Worn Camera was activated and has been classified and saved appropriately.</p> <p>Officer E. Banahene #2739/Officer R. Coquemar, #3432.</p>					

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 18-103027		
EVENT	Incident Type: 16-5-1 (0912) MURDER - OTHER WEAPON 16-5-1			Counts 1	Incident Code 0912	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY	
	16-62 Person dead			1	NONC			
	WANTED PERSON LOCATED			1	NONC	COUNTY	COUNTY	
	Premise Type: COMMERCIAL			Weapon Type: 03	Forcible: U	Stranger To Stranger: U	Hate Motivated: <input type="checkbox"/>	Loc Code: 560
Date Report: 4/19/2018 8:15:00 AM Incident Start: 4/19/2018 6:00:00 AM Incident End: 4/19/2018 6:30:00 AM Incident Location: 4649 MEMORIAL DR DECATUR GA								
VICTIM	Name (Last, First Middle): MCKENZIE, GAVIN			Moniker:	DOB: [REDACTED] 1983	Age: 35	Sex: M Race: B Ethnicity:	
	Address: 280 NORTHERN APT 16F AVE AVONDALE GA 3000			Home #:	Work #:	Cell #:	Email:	
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	
				Eye Color:	OLN #: 049035076	State: GA		
	Occupation: UNKNOWN OR NOT STA			Employer:	Address:		Employer Phone:	
	Victim Type: Individual			Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type:	LEOKA Assignment Type:
	Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Internal <input type="checkbox"/> Teeth <input checked="" type="checkbox"/> Unconscious <input checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input checked="" type="checkbox"/> Other			Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
	SMTs:							
	Relationship To Offenders:		(1) ACQUAINTANCE (2) (3) (4) (5)	(6) (7) (8) (9) (10)				
	Offenses Involved:		(1) 0912 (2) (3) (4) (5)	(6) (7) (8) (9) (10)				
OFFENDER	Name: MILLER, DARYL SHONELL			Moniker:	DOB: [REDACTED] 1978	Age: 40	Sex: M Race: B Ethnicity:	
	Address: 2787 KEYSTONE AVE LITHONIA GA 30058-			Home Phone:	Work Phone:	Cell Phone:	Email:	
	SSN:	Resident Status: RESIDENT	HGT: 509	WGT: 236	Hair Color: BLACK	Hair Style: OTHER	Hair Length: BALD(ING)	
				Eye Color: BROWN	OLN #: 007403468	State: SC		
	Occupation: UNKNOWN OR NOT STAT			Employer:	Address:		Employer Phone:	
	SMTs:							
	Offenses Involved:			1) 16-5-1 (0912) MURDER - OTHER WEAPON 16-5-1 0912 (2) (3) (4) (5) (6) (7) (8) (9) (10)				
	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>			SUSPECT ARMED: Y		WEAPON: HANDS/FISTS/ETC		
	TOTAL NUMBER ARRESTED: 1			ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS
STOLEN		\$0.00	\$0.00		\$0.00		\$0.00	
RECOVERED		\$0.00	\$0.00		\$0.00		\$0.00	
CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS		
STOLEN		\$0.00	\$0.00		\$0.00		\$0.00	
RECOVERED		\$0.00	\$0.00		\$0.00		\$0.00	
FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		
STOLEN		\$0.00	\$0.00		\$0.00		\$0.00	
RECOVERED		\$0.00	\$0.00		\$0.00		\$0.00	
TOTAL		\$0.00		\$0.00		\$0.00		
CLEAR	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES							
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown							
	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE							
REPORTING OFFICER Matthews w n		NUMBER 2985		APPROVING OFFICER Coachman s a		NUMBER 1830		

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
ADDITIONAL VICTIMS

Case #:
18-103027

Name (Last, First Middle): Watts, Corita		Moniker:	DOB: [REDACTED]-1980	Age: 37	Sex: F	Race: B	Ethnicity:
Address: 1649 MEMORIAL DR DECATUR GA 30032-		Home #:	Work #:	Cell #:	Email:		
SSN:	Resident Status:	HGT: 504	WGT: 140	Hair Color: BLACK	Hair Style:	Hair Length:	Eye Color: BROWN
Occupation:	Employer:	Address:		Employer Phone:			
Victim Type:	Student:	Yes	No	If Yes, Name of Victim's School:		LEOKA Activity Type:	LEOKA Assignment Type:
		<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Injuries: ☐ None ☐ Minor ☐ Internal ☐ Teeth ☐ Unconscious ☐ Lacerations ☐ Bones ☐ Other ☐ Used: ☐ Drugs ☐ Alcohol ☐ Computer

SMTs:

Relationship To Offenders:	(1)	(2)	(3)	(4)	(5)
	(6)	(7)	(8)	(9)	(10)
Offenses Involved:	(1)	(2)	(3)	(4)	(5)
	(6)	(7)	(8)	(9)	(10)

Name (Last, First Middle): AVERY, JACQUELYN		Moniker:	DOB: [REDACTED]-1979	Age: 38	Sex: F	Race: B	Ethnicity: N
Address: GA -		Home #:	Work #:	Cell #:	Email:		
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
Occupation:	Employer:	Address:		Employer Phone:			
Victim Type:	Student:	Yes	No	If Yes, Name of Victim's School:		LEOKA Activity Type:	LEOKA Assignment Type:
		<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Injuries: ☐ None ☐ Minor ☐ Internal ☐ Teeth ☐ Unconscious ☐ Lacerations ☐ Bones ☐ Other ☐ Used: ☐ Drugs ☐ Alcohol ☐ Computer

SMTs:

Relationship To Offenders:	(1)	(2)	(3)	(4)	(5)
	(6)	(7)	(8)	(9)	(10)
Offenses Involved:	(1)	(2)	(3)	(4)	(5)
	(6)	(7)	(8)	(9)	(10)

Name (Last, First Middle): NOT APPLICABLE		Moniker:	DOB: 00	Age: 00	Sex: U	Race: U	Ethnicity:
Address: NOT APPLICABLE		Home #:	Work #:	Cell #:	Email:		
SSN:	Resident Status:	HGT:	WGT:	Hair Color: UNKNOWN	Hair Style: UNKNOWN	Hair Length: UNKNOWN	Eye Color: UNKNOWN
Occupation:	Employer:	Address:		Employer Phone:			
Victim Type:	Student:	Yes	No	If Yes, Name of Victim's School:		LEOKA Activity Type:	LEOKA Assignment Type:
Unknown		<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Injuries: ☐ None ☐ Minor ☐ Internal ☐ Teeth ☐ Unconscious ☐ Lacerations ☐ Bones ☐ Other ☐ Used: ☐ Drugs ☐ Alcohol ☐ Computer

SMTs:

Relationship To Offenders:	(1) RELATIONSHIP UN	(2)	(3)	(4)	(5)
	(6)	(7)	(8)	(9)	(10)
Offenses Involved:	(1) Nonc	(2)	(3)	(4)	(5)
	(6)	(7)	(8)	(9)	(10)

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:

18-103027

Officer ID/Name:

2985

Matthews w n

Date:

4/19/2018 8:30:00 AM

Approving Officer ID/Name:

1830

Coachman s a

Date:

Title:

INITIAL REPORT

On 4/19/2018 at approximately 6:15 am, I responded to 4649 Memorial Dr (United Inn) in reference to a Fight. Upon my arrival, I observed a female performing C.P.R on a male on the ground in front of room #320.

The female identified as Corita Watts (clerk) stated she observed a male on top of the victim, she advised the suspect was holding the victim down with both hands on his shoulders saying, "man stop trying to attack me." The witness advised the male suspect (black male approximately 5'7/180 lbs-190lbs/possible dark camouflage long sleeve shirt/dark pants) got up and walked away from the location, she also advised the victim was not moving when the suspect got up off of him.

Ms. Watts stated the suspect got on the Marta #121 bus and left the location. A lookout was given in reference to the suspect, Marta Police was also advised. Major Felony detective Muller and Sgt. Walker responded to the scene. The Victim was transported to DeKalb Medical Hospital (Decatur) by A.M.R #51 in critical condition at this time. The victim, Mr. McKenzie, filed a police report earlier this date in reference to him being assaulted, case #18-102999.

Video footage was available at the office in reference to this incident.

DEKALB COUNTY POLICE DEPARTMENT		Case #:	
GA0440200		18-103027	
NARRATIVE			
Officer ID/Name:	Date:	Approving Officer ID/Name:	Date:
3394 Clarke m	4/19/2018 12:52:50 PM	1830 Coachman s a	
Title: ADDITIONAL NARRATIVE			
 Report Date: Reporting Officer: 3394 - Clarke m Approving Officer: 1830 - Coachman s a On April 19, 2018, I responded to 4649 Memorial Dr. to a fight. During the course of the investigation, I transported Ms. Jacquelyn Avery a suspect involved in the incident to Headquarters. Ms. Jacquelyn was interviewed, charged and transported to DeKalb County Jail.			

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE				Case #: 18-103027	
Officer ID/Name:	2739 Banahene e a	Date:	4/23/2018 5:11:59 PM	Approving Officer ID/Name:	1951 Benton r a
					Date: 4/24/2018 6:31:56 AM
Title: SUPPLEMENTAL NARRATIVE					
<p>Report Date: 04/23/2018 10:00:00 Reporting Officer: 2739 - Banahene e a Approving Officer: 1951 - Benton r a</p> <p>Suspect: Daryl Shonell Miller, B/M, 40 years old (DOB: [REDACTED] 1978), 509/236 pounds, dark complexion with a low hair and a black/gray bushy beard. The suspect was wearing basketball shorts when he was taken into custody.</p> <p>On April 23, 2018, at approximately 1003 hours, Officers R. Coquemar, #3432, K. Hoyt, #3284 (442D), T. Lattimore, #3266, Sgt. R. Benton (414D) and I responded with Sgt. Quigley (Unit 910) of the Homicide Section in reference to conducting a follow-up investigation at 2787 Keystone Avenue regarding locating a person of interest in a murder.</p> <p>When we arrived at the location, Sgt. Quigley met with the complainant, who let us into the residence, and pointed to the rear left bedroom on the main floor. As Sgt. Quigley, Sgt. Benton, Officer Coquemar and I went inside the home, Officers Hoyt and Lattimore went to the rear of the home. Sgt. Quigley opened the door to the rear left bedroom and I observed the suspect sleeping in a sleeping bag on the floor of the room. Sgt. Quigley called the suspect's name and told him to show his hands. The suspect was unarmed, Officer Coquemar took the suspect into custody and Sgt. Quigley advised the suspect of our reason for being there. Before we took the suspect outside, he asked for some clothes and his camouflage jacket and a sweater were taken with him along with the basketball shorts he was wearing, a pair of black tennis shoes and his two cell phones.</p> <p>Officer Coquemar and I transported the suspect to the DeKalb County Police Headquarters, where he was interviewed by Homicide Detectives. Sgt. Quigley later advised Mr. Miller of the charge of Murder and asked that the suspect be transported to the DeKalb County Jail on Warrant #18-W-006685. Officer Coquemar and I transported Mr. Miller to the jail without incident.</p> <p>My Body-Worn Camera was activated and has been classified and saved appropriately.</p> <p>Officer E. Banahene #2739/Officer R. Coquemar, #3432.</p>					

DEKALB COUNTY POLICE DEPARTMENT				Case #:	
GA0440200				18-103027	
INCIDENT REPORT					

EVENT	Incident Type: 16-5-1 (0912) MURDER - OTHER WEAPON 16-5-1		Counts: 1	Incident Code: 0912	Offense Jurisdiction: COUNTY	Arrest Jurisdiction: COUNTY
	16-62 Person dead		1	NONC		
	WANTED PERSON LOCATED		1	NONC	COUNTY	COUNTY
	Premise Type: COMMERCIAL		Weapon Type: 03	Forcible: U	Stranger To Stranger: U	Hate Motivated: <input type="checkbox"/>
Date Report: 4/19/2018 8:15:00 AM Incident Start: 4/19/2018 6:00:00 AM Incident End: 4/19/2018 6:30:00 AM Incident Location: 4649 MEMORIAL DR DECATUR GA						

VICTIM	Name (Last, First Middle): MCKENZIE, GAVIN		Moniker:	DOB: [REDACTED]-1983	Age: 35	Sex: M	Race: B	Ethnicity:	
	Address: 280 NORTHERN APT 16F AVE AVONDALE GA 3000		Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #: 049035076
	State: GA								
Occupation: UNKNOWN OR NOT STA		Employer:	Address:		Employer Phone:				
Victim Type: Individual		Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School:		LEOKA Activity Type:		LEOKA Assignment Type:		
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Internal <input type="checkbox"/> Teeth <input checked="" type="checkbox"/> Unconscious <input checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input checked="" type="checkbox"/> Other									
Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer									
SMTs:									
Relationship To Offenders: (1) ACQUAINTANCE (2) (3) (4) (5) (6) (7) (8) (9) (10)									
Offenses Involved: (1) 0912 (2) (3) (4) (5) (6) (7) (8) (9) (10)									

OFFENDER	Name: MILLER, DARYL SHONELL		Moniker:	DOB: [REDACTED] 1978	Age: 40	Sex: M	Race: B	Ethnicity:	
	Address: 2787 KEYSTONE AVE LITHONIA GA 30058-		Home Phone:	Work Phone:	Cell Phone:	Email:			
	SSN:	Resident Status: RESIDENT	HGT: 509	WGT: 236	Hair Color: BLACK	Hair Style: OTHER	Hair Length: BALD(ING)	Eye Color: BROWN	OLN #: 007403468
	State: SC								
Occupation: UNKNOWN OR NOT STA		Employer:	Address:		Employer Phone:				
SMTs:									
Offenses Involved: 1) 16-5-1 (0912) MURDER - OTHER WEAPON 16-5-1 0912 (2) (3) (4) (5) (6) (7) (8) (9) (10)									
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/> SUSPECT ARMED: Y WEAPON: HANDS/FISTS/ETC									
Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer									
TOTAL NUMBER ARRESTED: 1 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>									

PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS	
	STOLEN \$0.00	RECOVERED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS	
	STOLEN \$0.00	RECOVERED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL
STOLEN \$0.00	RECOVERED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES							
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
DRUG	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown							
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED							
	DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE							

REPORTING OFFICER Matthews w n	NUMBER 2985	APPROVING OFFICER Coachman s a	NUMBER 1830
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DEKALB COUNTY POLICE DEPARTMENT										Case #:	
GA0440200										18-103027	
ADDITIONAL VICTIMS											

Name (Last, First Middle): Watts, Corita				Moniker:		DOB: [REDACTED] 1980		Age: 37		Sex: F		Race: B		Ethnicity:							
Address: 4649 MEMORIAL DR DECATUR GA 30032-				Home #:		Work #:		Cell #:		Email:											
SSN:		Resident Status:		HGT: 504		WGT: 140		Hair Color: BLACK		Hair Style:		Hair Length:		Eye Color: BROWN		OLN #:		State:			
Occupation:				Employer:				Address:				Employer Phone:									
Victim Type:				Student: Yes No		If Yes, Name of Victim's School:				LEOKA Activity Type:				LEOKA Assignment Type:							
				<input type="checkbox"/> <input checked="" type="checkbox"/>																	
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																					
SMTs:																					
Relationship To Offenders:		(1) _____		(2) _____		(3) _____		(4) _____		(5) _____		(6) _____		(7) _____		(8) _____		(9) _____		(10) _____	
Offenses Involved:		(1) _____		(2) _____		(3) _____		(4) _____		(5) _____		(6) _____		(7) _____		(8) _____		(9) _____		(10) _____	

Name (Last, First Middle): AVERY, JACQUELYN				Moniker:		DOB: [REDACTED] 1979		Age: 38		Sex: F		Race: B		Ethnicity: N							
Address: GA -				Home #:		Work #:		Cell #:		Email:											
SSN:		Resident Status:		HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:			
Occupation:				Employer:				Address:				Employer Phone:									
Victim Type:				Student: Yes No		If Yes, Name of Victim's School:				LEOKA Activity Type:				LEOKA Assignment Type:							
				<input type="checkbox"/> <input checked="" type="checkbox"/>																	
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																					
SMTs:																					
Relationship To Offenders:		(1) _____		(2) _____		(3) _____		(4) _____		(5) _____		(6) _____		(7) _____		(8) _____		(9) _____		(10) _____	
Offenses Involved:		(1) _____		(2) _____		(3) _____		(4) _____		(5) _____		(6) _____		(7) _____		(8) _____		(9) _____		(10) _____	

Name (Last, First Middle): NOT APPLICABLE				Moniker:		DOB:		Age: 00		Sex: U		Race: U		Ethnicity:							
Address: NOT APPLICABLE				Home #:		Work #:		Cell #:		Email:											
SSN:		Resident Status:		HGT:		WGT:		Hair Color: UNKNOWN		Hair Style: UNKNOWN		Hair Length: UNKNOWN		Eye Color: UNKNOWN		OLN #:		State:			
Occupation:				Employer:				Address:				Employer Phone:									
Victim Type:				Student: Yes No		If Yes, Name of Victim's School:				LEOKA Activity Type:				LEOKA Assignment Type:							
Unknown				<input type="checkbox"/> <input checked="" type="checkbox"/>																	
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																					
SMTs:																					
Relationship To Offenders:		(1) RELATIONSHIP UN		(2) _____		(3) _____		(4) _____		(5) _____		(6) _____		(7) _____		(8) _____		(9) _____		(10) _____	
Offenses Involved:		(1) None		(2) _____		(3) _____		(4) _____		(5) _____		(6) _____		(7) _____		(8) _____		(9) _____		(10) _____	

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

NARRATIVE

Case #:

18-103027

Officer ID/Name:

2985

Matthews w n

Date:

4/19/2018 8:30:00 AM

Approving Officer ID/Name:

1830

Coachman s a

Date:

Title:

INITIAL REPORT

On 4/19/2018 at approximately 6:15 am, I responded to 4649 Memorial Dr (United Inn) in reference to a Fight. Upon my arrival, I observed a female performing C.P.R on a male on the ground in front of room #320.

The female identified as Corita Watts (clerk) stated she observed a male on top of the victim, she advised the suspect was holding the victim down with both hands on his shoulders saying, "man stop trying to attack me." The witness advised the male suspect (black male approximately 5'7/180 lbs-190lbs/possible dark camouflage long sleeve shirt/dark pants) got up and walked away from the location, she also advised the victim was not moving when the suspect got up off of him.

Ms. Watts stated the suspect got on the Marta #121 bus and left the location. A lookout was given in reference to the suspect, Marta Police was also advised. Major Felony detective Muller and Sgt. Walker responded to the scene. The Victim was transported to DeKalb Medical Hospital (Decatur) by A.M.R #51 in critical condition at this time. The victim, Mr. Mckenzie, filed a police report earlier this date in reference to him being assaulted, case #18-102999.

Video footage was available at the office in reference to this incident.

DEKALB COUNTY POLICE DEPARTMENT				Case #:	
GA0440200				18-103027	
NARRATIVE					
Officer ID/Name:		Date:		Approving Officer ID/Name:	
3394 Clarke m		4/19/2018 12:52:50 PM		1830 Coachman s a	
Title:		ADDITIONAL NARRATIVE			
<p>Report Date: Reporting Officer: 3394 - Clarke m Approving Officer: 1830 - Coachman s a</p> <p>On April 19, 2018, I responded to 4649 Memorial Dr. to a fight.</p> <p>During the course of the investigation, I transported Ms. Jacquelyn Avery a suspect involved in the incident to Headquarters. Ms. Jacquelyn was interviewed, charged and transported to DeKalb County Jail.</p>					

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 18-103027	
Officer ID/Name: 2739 Banahene e a	Date: 4/23/2018 5:11:59 PM	Approving Officer ID/Name: 1951 Benton r a	Date: 4/24/2018 6:31:56 AM
Title: SUPPLEMENTAL NARRATIVE			
<p>Report Date: 04/23/2018 10:00:00 Reporting Officer: 2739 - Banahene e a Approving Officer: 1951 - Benton r a</p> <p>Suspect: Daryl Shonell Miller, B/M, 40 years old (DOB [REDACTED] 1978), 509/236 pounds, dark complexion with a low hair and a black/gray bushy beard. The suspect was wearing basketball shorts when he was taken into custody.</p> <p>On April 23, 2018, at approximately 1003 hours, Officers R. Coquemar, #3432, K. Hoyt, #3284 (442D), T. Lattimore, #3266, Sgt. R. Benton (414D) and I responded with Sgt. Quigley (Unit 910) of the Homicide Section in reference to conducting a follow-up investigation at 2787 Keystone Avenue regarding locating a person of interest in a murder.</p> <p>When we arrived at the location, Sgt. Quigley met with the complainant, who let us into the residence, and pointed to the rear left bedroom on the main floor. As Sgt. Quigley, Sgt. Benton, Officer Coquemar and I went inside the home, Officers Hoyt and Lattimore went to the rear of the home. Sgt. Quigley opened the door to the rear left bedroom and I observed the suspect sleeping in a sleeping bag on the floor of the room. Sgt. Quigley called the suspect's name and told him to show his hands. The suspect was unarmed, Officer Coquemar took the suspect into custody and Sgt. Quigley advised the suspect of our reason for being there. Before we took the suspect outside, he asked for some clothes and his camouflage jacket and a sweater were taken with him along with the basketball shorts he was wearing, a pair of black tennis shoes and his two cell phones.</p> <p>Officer Coquemar and I transported the suspect to the DeKalb County Police Headquarters, where he was interviewed by Homicide Detectives. Sgt. Quigley later advised Mr. Miller of the charge of Murder and asked that the suspect be transported to the DeKalb County Jail on Warrant #18-W-006685. Officer Coquemar and I transported Mr. Miller to the jail without incident.</p> <p>My Body-Worn Camera was activated and has been classified and saved appropriately.</p> <p>Officer E. Banahene #2739/Officer R. Coquemar, #3432.</p>			

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
19-027075

EVENT	Incident Type: 16-8-2 (2404) Theft by taking - automobile		Counts 1	Incident Code 2404	Offense Jurisdiction COUNTY	Arrest Jurisdiction			
	3-6-10 Additional Information		1	NONC	COUNTY				
	Premise Type: RESIDENCE		Weapon Type:	Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 570		
	Date Report: 3/24/2019 9:31:08 PM Incident Start: 3/24/2019 12:00:01 AM Incident End: 3/24/2019 11:00:00 AM Incident Location: 4649 MEMORIAL DR 219 DECATUR GA								
VICTIM	Name (Last, First Middle): HARPER, LAWRENCE EDWARD		Moniker:	DOB: [REDACTED]-1954	Age: 65	Sex: M	Race: B	Ethnicity: U	
	Address 4649 MEMORIAL DR 219 DECATUR GA 30034-		Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status: RESIDENT	HGT: 509	WGT: 210	Hair Color:	Hair Style:	Hair Length: BALD(ING)	Eye Color: BROWN	OLN #: 058289228
	Occupation:		Employer:	Address:		Employer Phone:			
	Victim Type: Individual		Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type:		LEOKA Assignment Type:	
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
	SMTs:								
	Relationship To Offenders:	(1) STRANGER	(2)	(3)	(4)	(5)			
	Offenses Involved:	(1) 2404	(2)	(3)	(4)	(5)			
	OFFENDER	Name: UNKNOWN, UNKNOWN		Moniker:	DOB: 00 42	Sex: F	Race: W	Ethnicity:	
Address:		Home Phone:	Work Phone:	Cell Phone:	Email:				
SSN:		Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	
Occupation:		Employer:	Address:		Employer Phone:				
SMTs:									
Offenses Involved:									
(1) 16-8-2 (2404) Theft by taking - automobile		(2) 2404							
(3)		(4)							
(5)		(6)							
(7)		(8)							
PROPERTY	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/>		SUSPECT ARMED:		WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
	TOTAL NUMBER ARRESTED: 0		ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>						
	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS		
	STOLEN	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00			
	RECOVERED	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00			
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS		
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
ADM.	RECOVERED		\$0.00	\$0.00	\$0.00	\$0.00	TOTAL \$5,000.00		
	RECOVERED		\$0.00	\$0.00	\$0.00	\$0.00	TOTAL \$5,000.00		
DRUG	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES								
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown								
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE								
	REPORTING OFFICER Cummings j j								
		NUMBER 3351		APPROVING OFFICER		NUMBER			

PLAINTIFF-024341(UI&S)

DEKALB COUNTY POLICE DEPARTMENT						Case #:	
GA0440200						19-027075	
INCIDENT VEHICLES							
<input checked="" type="checkbox"/> STOLEN	TAG NUMBER RQY2535	STATE GA	YEAR 2020	V.I.N. WDBUF87X47B169064	TYPE 2 OR 4 DOOR SEDAN (PASSENGER)		
<input type="checkbox"/> RECOVD	YEAR 2007	MAKE MERCEDES BE	MODEL E350	STYLE 4D 4 DOOR	COLOR White	RELATED TO HARPER, LAWRENCE EDWARD	
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS <input type="checkbox"/>	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY Progressive	
OWNER				ADDRESS		PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE	STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER	
South DeKalb 770 482 33'							
<input type="checkbox"/> STOLEN	TAG NUMBER	STATE	YEAR	V.I.N.	TYPE		
<input checked="" type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE	COLOR	RELATED TO	
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS <input type="checkbox"/>	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER				ADDRESS		PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE	STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER	
<input type="checkbox"/> STOLEN	TAG NUMBER	STATE	YEAR	V.I.N.	TYPE		
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE	COLOR	RELATED TO	
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS <input type="checkbox"/>	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER				ADDRESS		PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE	STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER	
<input type="checkbox"/> STOLEN	TAG NUMBER	STATE	YEAR	V.I.N.	TYPE		
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE	COLOR	RELATED TO	
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS <input type="checkbox"/>	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER				ADDRESS		PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE	STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER	
<input type="checkbox"/> STOLEN	TAG NUMBER	STATE	YEAR	V.I.N.	TYPE		
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE	COLOR	RELATED TO	
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS <input type="checkbox"/>	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER				ADDRESS		PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE	STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER	
<input type="checkbox"/> STOLEN	TAG NUMBER	STATE	YEAR	V.I.N.	TYPE		
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE	COLOR	RELATED TO	
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS <input type="checkbox"/>	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER				ADDRESS		PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE	STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER	

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT PROPERTY			Case #: 19-027075	
Class: A	Description: Vehicles	Status: S		
Make: MERCEDES BENZ	Model: E350	Serial: WDBUF87X47B169064		
Property Location:	QTY: 1	Value: \$5,000.00	UCR Code: 2404	
Related To: HARPER, LAWRENCE EDWARD	Date Recovered:	Recovery Code:	Jurisdiction Stolen: 2	Jurisdiction Recovered:
Class: A	Description: Vehicles	Status: R		
Make: MERCEDES BENZ	Model: E350	Serial: WDBUF87X47B169064		
Property Location: South DeKalb 770 482 3379	QTY: 1	Value: \$5,000.00	UCR Code: 2404	
Related To: HARPER, LAWRENCE EDWARD	Date Recovered: 6/25/2019	Recovery Code: 1	Jurisdiction Stolen: 2	Jurisdiction Recovered: 2
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
19-027075

Officer ID/Name: 3351	Cummings j j	Date: 3/24/2019 10:51:35 PM	Approving Officer ID/Name: 2150	Cole c e	Date: 3/24/2019 10:55:39 PM
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Title: INITIAL REPORT

Suspect 1: White female, "Sassy", 5'06", 190, brown hair, 42-43 years of age

On 3/24/2019, at approximately 9:20 pm, I responded to 4649 Memorial Dr. (United Inn and Suites), in reference to a stolen vehicle.

Upon my arrival I met with Mr. Lawrence. Mr. Lawrence advised that Suspect 1 has been staying with him since last Thursday (3/21/2019). Mr. Lawrence advised that Suspect 1 is a prostitute and he does not know her information. Mr. Lawrence advised that he last saw his vehicle on 3/23/2019 around 11:30pm-12:00am at 4649 Memorial Dr. Mr. Lawrence advised that Suspect 1 asked him to drive her to a place but he advised he would do it in the morning. Mr. Lawrence advised when he woke up on 3/24/2019 at 11:00 am, he noticed that Suspect 1 was missing as well as his key and vehicle.

Mr. Lawrence advised that he has not been able to get in touch with Suspect 1. Mr. Lawrence advised that he believes that his vehicle might be in the Flat Shoals and I-285 area.

Det. Moore #9505 was notified of the incident.

Mr. Lawrence was given a case number. Recording made via Body Worn.

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVECase #:
19-027075

Officer ID/Name:	Date:	Approving Officer ID/Name:	Date:
3351 Cummings j j	3/25/2019 12:06:28 AM	2150 Cole c e	3/25/2019 2:39:03 PM

Title: SUPPLEMENTAL NARRATIVE

Report Date:
Reporting Officer: -
Approving Officer: -

Mr. Lawrence later called and advised over the phone that Suspect 1's phone number is 678-651-5129.
Recording made via Body Worn.

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
19-032073

EVENT	Incident Type: 16-6-1 (1103) Rape - strongarm		Counts 1	Incident Code 1103	Offense Jurisdiction COUNTY	Arrest Jurisdiction					
VICTIM	Premise Type: COMMERCIAL		Weapon Type: 03		Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 550			
	Date Report: 4/8/2019 7:43:00 PM Incident Start: 4/8/2019 1:30:01 AM Incident End: 4/8/2019 2:00:00 AM Incident Location: 4649 MEMORIAL DRIVE 126 DECATUR GA 30032--										
	Name (Last, First Middle): WATSON, KAREN		Moniker:		DOB: [REDACTED]-1971	Age: 48	Sex: F	Race: B	Ethnicity: U		
	Address 2050 AUSTELL RD CC1 MARIETTA GA 30008-		Home #:		Work #:	Cell #:	Email:				
	SSN:	Resident Status: RESIDENT	HGT: 503	WGT: 320	Hair Color: BLACK	Hair Style: CURLY	Hair Length: LONG	Eye Color: BROWN	OLN #: 060575909	State: GA	
	Occupation:		Employer:		Address:		Employer Phone:				
	Victim Type: Individual		Student:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type:		LEOKA Assignment Type:		
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
	SMTs:										
	Relationship To Offenders:		(1) FRIEND	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Offenses Involved:		(1) 1103	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
OFFENDER	Name: HILL, GERALD		Moniker:		DOB:	Age: 40	Sex: M	Race: B	Ethnicity: U		
	Address: UNKNOWN		Home Phone:		Work Phone:	Cell Phone:	Email:				
	SSN:	Resident Status: RESIDENT	HGT: 506	WGT: 120	Hair Color: BLACK	Hair Style: AFRO	Hair Length: SHORT	Eye Color: BROWN	OLN #:	State:	
	Occupation:		Employer:		Address:		Employer Phone:				
	SMTs:										
	Offenses Involved:		(1) 16-6-1 (1103) Rape - strongarm 1103 (2)								
			(3)								
			(4)								
			(5)								
			(6)								
		(7)									
		(8)									
		(9)									
		(10)									
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: Y WEAPON: HANDS/FISTS/ETC Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer											
TOTAL NUMBER ARRESTED: 0		ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>									
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS				
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00				
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00				
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS				
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00				
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00				
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL		
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		
	ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES <input type="checkbox"/>									
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
DRUG	1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/>										
	6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown <input type="checkbox"/>										
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE										
	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE										
REPORTING OFFICER Jackson a m		NUMBER 2863		APPROVING OFFICER Sharpe t s				NUMBER 2605			

PLAINTIFF-024346(UI&S)

DEKALB COUNTY POLICE DEPARTMENT GA0440200 OTHER PERSONS										Case #: 19-032073	
Involvement Type:		Name (Last, First Middle):			Moniker:			SSN:			
OTHER		UNKNOWN SUSAN									
Address					Home #:		Cell #:		Work #:		
48 HENDERSON STREET MARIETTA GA 30064-					[REDACTED]						
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:		
SMTs:											
Email:					OLN #:		State:		Used:		
									<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
Occupation:		Employer/School:			Address:			Employer Phone:			
		YWCA-NURSE									
Involvement Type:		Name (Last, First Middle):			Moniker:			SSN:			
Address					Home #:		Cell #:		Work #:		
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:		
SMTs:											
Email:					OLN #:		State:		Used:		
									<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
Occupation:		Employer/School:			Address:			Employer Phone:			
Involvement Type:		Name (Last, First Middle):			Moniker:			SSN:			
Address					Home #:		Cell #:		Work #:		
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:		
SMTs:											
Email:					OLN #:		State:		Used:		
									<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
Occupation:		Employer/School:			Address:			Employer Phone:			
Involvement Type:		Name (Last, First Middle):			Moniker:			SSN:			
Address					Home #:		Cell #:		Work #:		
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:		
SMTs:											
Email:					OLN #:		State:		Used:		
									<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
Occupation:		Employer/School:			Address:			Employer Phone:			
Involvement Type:		Name (Last, First Middle):			Moniker:			SSN:			
Address					Home #:		Cell #:		Work #:		
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:		
SMTs:											
Email:					OLN #:		State:		Used:		
									<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
Occupation:		Employer/School:			Address:			Employer Phone:			

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVECase #:
19-032073

Officer ID/Name:

2863

Jackson a m

Date:

4/8/2019 11:50:00 PM

Approving Officer ID/Name:

2605

Sharpe t s

Date:

4/9/2019 12:27:45 AM

Title:

INITIAL REPORT

On 04/08/19 at approximately 1820 hours, I responded to 677 Church Street, WellStar Kennestone Hospital in reference to a rape that occurred at 4648 Memorial Drive, United Inn.

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE				Case #: 19-032073	
Officer ID/Name: 2863	Jackson a m	Date: 4/8/2019 11:54:00 PM	Approving Officer ID/Name: 2605	Sharpe t s	Date: 4/9/2019 12:27:48 AM
Title: SUPPLEMENTAL NARRATIVE					
<p>Suspect #1: Gerald Hill 40 years old Missing a front tooth 5'04-5'06, 120-125 lbs. Wearing red shirt, red pants</p> <p>Suspect #2: Black male Bold head 5'06-5'08, 140-150 lbs. Wearing a white shirt</p> <p>On 04/08/19 at approximately 1820 hours, I responded to 677 Church Street, WellStar Kennestone Hospital in reference to a rape that occurred at 4649 Memorial Drive, United Inn. The victim, Karen Watson advised that she was staying at United Inn in room 126. She went next door to Wendy's and saw her friend/suspect #1, Gerald Hill at the location. Mrs. Watson and Mr. Hill have been friends for 3 years and only had sex one time. They started talking and he came back to her room. They were talking in her room and "hanging out" when she asked him to go get her something to eat. She gave him some money and her room key card, left the location around 2200 hours. Mrs. Watson said that Mr. Hill was taking a long time so she stepped outside her room to see if he was coming. While outside she heard gun shots and observed a man bleeding from the chest and running down the stairs. She went back into her room and waited for Mr. Hill. She said that Mr. Hill never came back so she went to sleep. She heard the door open around 0130 hours and saw that it was Mr. Hill and Suspect #2. She said, "Where is my food? Why do you have him in my room? Get out my room." She asked them several times to leave her room, but they refused. Mr. Hill said, "It's time to play". Mr. Hill tried to get Mrs. Watson to take some kind of pill, but she refused. She asked them again to leave. She got out the bed and Mr. Hill pushed her back on the bed then grabbed both her arms. Mrs. Watson was on her stomach laying on the bed. Mr. Hill had his forearm on the back of her neck. Mrs. Watson was wearing a gown and had no underwear on. Suspect #2 got on the bed and placed his penis in her anus. She yelled and Mr. Hill placed his hand off her mouth. Suspect #2 took his penis out her anus and placed it in her vagina. She said that he was in her vagina for a long time. They let her go and told her to go in the bathroom. Mr. Hill told her, "Go in the bathroom and don't come out". She went in the bathroom and did not come out until she heard the door closed.</p> <p>Mrs. Watson advised that she took a shower before checking out the hotel around 1000 hours. Mrs. Watson took the bus to the hospital and arrived around 1400 hours. Mrs. Watson said that she does not know why she did not call the police. Mrs. Watson advised that she does want to press charges. Mrs. Watson was going to YWCA, 48 Henderson Street to get a rape kit done by Nurse Susan.</p> <p>I observed no visible injuries on Mrs. Watson. I noticed SVU Det. Graham about the incident. Mrs. Watson was given a case number. BWC not issued.</p>					

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
19-098681

EVENT	Incident Type: 16-6-9 (4004) Prostitution	Counts 1	Incident Code 4004	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY
	16-6-11 (4002) Pimping	1	4002	COUNTY	COUNTY
	16-6-9 (4004) Prostitution	1	4004	COUNTY	COUNTY
	Premise Type: COMMERCIAL	Weapon Type:	Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>
VICTIM	Date Report: 10/22/2019 3:55:32 PM Incident Start: 10/22/2019 3:06:12 PM Incident End: 10/22/2019 3:23:56 PM Incident Location: 4649 Memorial Drive 118 Decatur GA				
	Name (Last, First Middle): State of Georgia Moniker: DOB: Age: Sex: Race: Ethnicity:				
	Address: 1960 West Exchange Pl Tucker GA 30083- Home #: 770-724-7600 Work #: Cell #: Email:				
	SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State:				
	Occupation: Employer: Address: Employer Phone:				
	Victim Type: Government Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Name of Victim's School: LEOKA Activity Type: LEOKA Assignment Type:				
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
	SMTs:				
	Relationship To Offenders: (1) NOT APPLICABLE (2) (3) (4) (5) (6) (7) (8) (9) (10)				
	Offenses Involved: (1) 4004 (2) (3) (4) (5) (6) (7) (8) (9) (10)				
OFFENDER	Name: Florence, Teondra Shacara Moniker: DOB: -2001 Age: 18 Sex: F Race: B Ethnicity: N				
	Address: 7882 W Shore Ct. Riverdale GA 30296- Home Phone: Work Phone: Cell Phone: Email:				
	SSN: Resident Status: RESIDENT HGT: 505 WGT: 131 Hair Color: BLACK Hair Style: STRAIGHT Hair Length: MEDIUM Eye Color: BROWN OLN #: 061032984 State: GA				
	Occupation: UNEMPLOYED Employer: Address: Employer Phone:				
	SMTs:				
	Offenses Involved:				
	(1) 16-6-9 (4004) Prostitution 4004 (2) (3) (4) (5) (6) (7) (8) (9) (10)				
	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/> SUSPECT ARMED: N WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
	TOTAL NUMBER ARRESTED: 3 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				
	PROPERTY	VEHICLES			
STOLEN \$0.00					
RECOVERED \$0.00					
CLOTHING					
STOLEN \$0.00					
RECOVERED \$0.00					
FIREARMS					
STOLEN \$0.00					
RECOVERED \$0.00					
CURRENCY, NOTES, ETC					
STOLEN \$0.00					
RECOVERED \$0.00					
OFFICE EQUIP.					
STOLEN \$0.00					
RECOVERED \$0.00					
JEWELRY, PREC. METALS					
STOLEN \$0.00					
RECOVERED \$0.00					
TV, RADIO, ETC					
STOLEN \$0.00					
RECOVERED \$0.00					
FURS					
STOLEN \$0.00					
RECOVERED \$0.00					
HOUSEHOLD GOODS					
STOLEN \$0.00					
RECOVERED \$0.00					
CONSUMABLE GOODS					
STOLEN \$0.00					
RECOVERED \$0.00					
LIVESTOCK					
STOLEN \$0.00					
RECOVERED \$0.00					
OTHER					
STOLEN \$0.00					
RECOVERED \$0.00					
TOTAL					
STOLEN \$0.00					
RECOVERED \$0.00					
ADM.	GCIC ENTRY <input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES				
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown				
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input checked="" type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE 10-22-2019 <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE				
	REPORTING OFFICER King c d NUMBER 2984 APPROVING OFFICER Williams s k NUMBER 2165				

PLAINTIFF-024350(UI&S)

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
ADDITIONAL VICTIMS

Case #:
19-098681

Name (Last, First Middle):					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:					
State of Georgia																				
Address					Home #:		Work #:		Cell #:		Email:									
1960 West Exchange Pl. Tucker GA 30084-																				
SSN:		Resident Status:			HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:	
Occupation:					Employer:					Address:					Employer Phone:					
Victim Type:					Student:		Yes		No		If Yes, Name of Victim's School:			LEOKA Activity Type:		LEOKA Assignment Type:				
Government					<input type="checkbox"/>		<input checked="" type="checkbox"/>													
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other																				
Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																				
SMTs:																				
Relationship To Offenders:		(1) _____			(2) _____			(3) _____			(4) _____			(5) _____						
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____						
Offenses Involved:		(1) 4002			(2) 4004			(3) 4001			(4) _____			(5) _____						
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____						

Name (Last, First Middle):					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:					
Address					Home #:		Work #:		Cell #:		Email:									
SSN:		Resident Status:			HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:	
Occupation:					Employer:					Address:					Employer Phone:					
Victim Type:					Student:		Yes		No		If Yes, Name of Victim's School:			LEOKA Activity Type:		LEOKA Assignment Type:				
					<input type="checkbox"/>		<input type="checkbox"/>													
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other																				
Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																				
SMTs:																				
Relationship To Offenders:		(1) _____			(2) _____			(3) _____			(4) _____			(5) _____						
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____						
Offenses Involved:		(1) _____			(2) _____			(3) _____			(4) _____			(5) _____						
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____						

Name (Last, First Middle):					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:					
Address					Home #:		Work #:		Cell #:		Email:									
SSN:		Resident Status:			HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:	
Occupation:					Employer:					Address:					Employer Phone:					
Victim Type:					Student:		Yes		No		If Yes, Name of Victim's School:			LEOKA Activity Type:		LEOKA Assignment Type:				
					<input type="checkbox"/>		<input type="checkbox"/>													
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other																				
Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																				
SMTs:																				
Relationship To Offenders:		(1) _____			(2) _____			(3) _____			(4) _____			(5) _____						
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____						
Offenses Involved:		(1) _____			(2) _____			(3) _____			(4) _____			(5) _____						
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____						

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
ADDITIONAL OFFENDERS

Case #:

19-098681

Name: Davis, Tremayne Jaron						Moniker:		DOB: [REDACTED] -1997		Age: 22		Sex: M		Race: B		Ethnicity: N							
Address: 5745 Northfield Drive Ellenwood GA 30294-						Home Phone:		Work Phone:		Cell Phone:		Email:											
SSN:		Resident Status: RESIDENT		HGT: 600		WGT: 160		Hair Color: BLACK		Hair Style: OTHER		Hair Length: MEDIUM		Eye Color: BROWN		OLN #: 059373417		State: GA					
Occupation: UNEMPLOYED						Employer:		Address:						Employer Phone:									
SMTs:																							
Offenses Involved:																							
(1) 16-6-11 (4002) Pimping				4002				(2)															
(3)								(4)															
(5)								(6)															
(7)								(8)															
(9)								(10)															
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input checked="" type="checkbox"/>		SUSPECT ARMED: N		WEAPON:		Used: <input type="checkbox"/>		Drugs <input type="checkbox"/>		Alcohol <input type="checkbox"/>		Computer <input type="checkbox"/>							
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO																							
				<input type="checkbox"/> 1 - Amphetamine				<input type="checkbox"/> 2 - Barbiturate				<input type="checkbox"/> 3 - Cocaine				<input type="checkbox"/> 4 - Hallucinogen				<input type="checkbox"/> 5 - Heroin			
				<input type="checkbox"/> 6 - Marijuana				<input type="checkbox"/> 7 - Methamphetamine				<input type="checkbox"/> 8 - Opium				<input type="checkbox"/> 9 - Synthetic Narcotic				<input type="checkbox"/> U - Unknown			
Name:						Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:							
Address:						Home Phone:		Work Phone:		Cell Phone:		Email:											
SSN:		Resident Status:		HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:					
Occupation:						Employer:		Address:						Employer Phone:									
SMTs:																							
Offenses Involved:																							
(1)								(2)															
(3)								(4)															
(5)								(6)															
(7)								(8)															
(9)								(10)															
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED:		WEAPON:		Used: <input type="checkbox"/>		Drugs <input type="checkbox"/>		Alcohol <input type="checkbox"/>		Computer <input type="checkbox"/>							
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO																							
				<input type="checkbox"/> 1 - Amphetamine				<input type="checkbox"/> 2 - Barbiturate				<input type="checkbox"/> 3 - Cocaine				<input type="checkbox"/> 4 - Hallucinogen				<input type="checkbox"/> 5 - Heroin			
				<input type="checkbox"/> 6 - Marijuana				<input type="checkbox"/> 7 - Methamphetamine				<input type="checkbox"/> 8 - Opium				<input type="checkbox"/> 9 - Synthetic Narcotic				<input type="checkbox"/> U - Unknown			
Name:						Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:							
Address:						Home Phone:		Work Phone:		Cell Phone:		Email:											
SSN:		Resident Status:		HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:					
Occupation:						Employer:		Address:						Employer Phone:									
SMTs:																							
Offenses Involved:																							
(1)								(2)															
(3)								(4)															
(5)								(6)															
(7)								(8)															
(9)								(10)															
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED:		WEAPON:		Used: <input type="checkbox"/>		Drugs <input type="checkbox"/>		Alcohol <input type="checkbox"/>		Computer <input type="checkbox"/>							
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO																							
				<input type="checkbox"/> 1 - Amphetamine				<input type="checkbox"/> 2 - Barbiturate				<input type="checkbox"/> 3 - Cocaine				<input type="checkbox"/> 4 - Hallucinogen				<input type="checkbox"/> 5 - Heroin			
				<input type="checkbox"/> 6 - Marijuana				<input type="checkbox"/> 7 - Methamphetamine				<input type="checkbox"/> 8 - Opium				<input type="checkbox"/> 9 - Synthetic Narcotic				<input type="checkbox"/> U - Unknown			

PLAINTIFF-024353(UI&S)

DEKALB COUNTY POLICE DEPARTMENT		Case #:			
GA0440200		19-098681			
NARRATIVE					
Officer ID/Name: 3089	Connors m a	Date: 10/22/2019 4:43:27 PM	Approving Officer ID/Name: 2794	Davis d p	Date: 10/23/2019 6:51:36 PM
Title: ADDITIONAL NARRATIVE					
<p>Report Date: 10/22/2019 16:36:50 Reporting Officer: 3089 - Connors m a Approving Officer: 2794 - Davis d p</p> <p>On October 22, 2019 at approximately 1500hrs I responded 4649 Memorial Dr (United Inn Hotel) in reference to assisting an officer. Upon arrival I entered room 118 and detained the three subjects; two black females and one black male, that were naked in the location, with vice detectives. Upon further investigation by vice detectives, Mrs. Tarayia Hailey was placed under arrest for prostitution. All belongings were transported with the suspect to Dekalb County Jail without incident. Bodyworn Camera was activated during the incident.</p>					

DEKALB COUNTY POLICE DEPARTMENT**GA0440200****NARRATIVE**

Case #:

19-098681

Officer ID/Name:

2984

King c d

Date:

10/22/2019 8:54:51 PM

Approving Officer ID/Name:

Date:

Title:

INITIAL REPORT

On October 22, 2019 at approximately 3:20 P.M., DeKalb County Vice unit collaborated with DeKalb County S.W.A.T unit with conducting a prostitution operation at 4649 Memorial Drive (United Inn & Suites). During the operation two adult females later identified as Ms. Tarayia Hailey (D.O.B. [REDACTED] 1994) was arrested for Prostitution and Keeping a place of prostitution and Ms. Teondra Florence (D.O.B. [REDACTED] 2001) was arrested for prostitution. A black adult male was later identified as Mr. Tremayne Davis (D.O.B. [REDACTED] 1997) was arrested for Pimping.

While working in an undercover capacity, I (Detective C.D. King Badge# 2984) made contact by cellphone with a black female that advertised on Listcrawler.com. Listcrawler.com advertisement displayed pictures of a naked black female with nipple rings with the phone number [REDACTED] listed.

I called the listed number and stated, "Hey what's up baby." A female voice stated, "Hi!" I replied, "I want to see you today. I see you got 2 girls." She stated, "Yeah my girlfriend." I replied, "Okay I wanted two girls for half hour." She replied, "\$130." I replied, "Okay text me the address." She replied, "Okay." I received a text message from the listed number that stated, "4649 Memorial Drive." I replied by text message, "I can be there about 3 p.m." She replied by text, "Just let me know when you on the way." I replied, "Okay."

Approximately 3:20 P.M., I parked my vehicle in the parking lot of the listed location. I called the listed number and stated, "Hey I'm here." She replied, "Oh okay you can come to room# 118." I replied, "Okay." I exited my vehicle and proceeded to walk to room# 118. While walking to room# 118, I noticed a black female wearing a green jumper walk inside room# 118. I knocked on the door of room# 118 and the door opened with a female standing behind the door. Once I entered I noticed that the female behind the door was completely naked and the female with the female wearing the green jumper was sitting on the bed. I stated, "Hey what's up." The naked female who was later identified as Ms. Tarayia Hailey said, "Hey you was talking to me on the phone after my girlfriend phone went dead." I replied, "Oh okay cool, so do you all want the money now or later?" They both stated, "Now." I reached into my pocket and gave Ms. Hailey a hundred dollar bill and a fifty dollar bill (Total: \$150.00) derived from DeKalb County Investigation Funds. She took the money and secured it inside the nightstand located near the bed.

I notified Vice Detectives that they could come and take the suspect into custody. The female wearing the jumper took it off and was completely naked. They both got on the bed and was saying, "Coming on I can suck your dick while we play with ourselves." I replied, "That sounds good." There was a loud knock on the room door. Vice unit Detectives announced "DeKalb Police!" The female who was wearing the green jumper who was later identified as Ms. Teondra Florence opened the room door, and vice unit Detectives with the assistance of S.W.A.T unit entered room# 118. Ms. Hailey and Ms. Florence was taken into custody without incident. Detective M. Johnson (Badge# 2183) with the assistance of Sergeant S.K. Williams (Badge# 2165) cleared the room and located, Mr. Tremayne Davis hiding inside the restroom wearing red shorts and no shirt. Mr. Davis was taken into custody without incident.

A print out of room# 118 was obtained from the front desk clerk by Detective M. Johnson. The document indicated room# 118 was registered to Ms. Tarayia Hailey. Ms. Hailey was advised that she was under arrest for prostitution and Keeping a place of prostitution. Ms. Hailey was transported to DeKalb County jail and lodged on the charges of Prostitution warrant# 19-W-018076 and Keeping a place of prostitution warrant# 19-W-018077. Ms. Florence was advised that she was under arrested for Prostitution. Ms. Florence was transported to DeKalb County jail and lodged on the charge of Prostitution warrant# 19-W-018078. Mr. Davis was advised that he was under arrest for pimping. Mr. Davis was transported to DeKalb County jail and lodged on the charge of Pimping warrant# 19-W-018079.

Items attached to RMS:

1. Recorded audio of outbound telephone call to Ms. Hailey from Me.
2. Picture of recorded text messages from Ms. Hailey and myself
3. Copy of motel registrations receipt
4. Pictures of inside room# 118 and Listcrawler.com advertisement

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
19-110614

EVENT	Incident Type: 3-6-8 SUSPICIOUS ACTIVITY		Counts 1	Incident Code NONC	Offense Jurisdiction COUNTY	Arrest Jurisdiction			
VICTIM	Premise Type: COMMERCIAL		Weapon Type:		Forcible: U	Stranger To Stranger: Hate Motivated: <input type="checkbox"/>	Loc Code: 560		
	Date Report: 11/27/2019 6:14:07 PM Incident Start: 11/25/2019 1:00:00 AM Incident End: 11/25/2019 2:00:00 AM Incident Location: 4649 MEMORIAL DR 117 STONE MOUNTAIN GA								
	Name (Last, First Middle): FIELDS, JASMINE ASIA		Moniker:	DOB: -1995	Age: 24	Sex: F	Race: B	Ethnicity: N	
	Address 1228 RICHARD RD DECATUR GA 30032-		Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status:	HGT: 508	WGT: 125	Hair Color: BLACK	Hair Style: WIG/TOUPEE LONG	Hair Length: BROWN	Eye Color: OLN #: 059143811	State: GA
	Occupation:		Employer:	Address:		Employer Phone:			
	Victim Type: Individual								
	Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Name of Victim's School: LEOKA Activity Type: LEOKA Assignment Type:								
	Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer								
	SMTs:								
OFFENDER	Relationship To Offenders:		(1) _____	(2) _____	(3) _____	(4) _____	(5) _____		
			(6) _____	(7) _____	(8) _____	(9) _____	(10) _____		
	Offenses Involved:		(1) Nonc	(2) _____	(3) _____	(4) _____	(5) _____		
			(6) _____	(7) _____	(8) _____	(9) _____	(10) _____		
	Name:								
	Moniker:								
	DOB:								
	Age:								
	Sex:								
	Race:								
Ethnicity:									
Address:									
Home Phone:									
Work Phone:									
Cell Phone:									
Email:									
SSN:									
Resident Status:									
HGT:									
WGT:									
Hair Color:									
Hair Style:									
Hair Length:									
Eye Color:									
OLN #:									
State:									
Occupation:									
Employer:									
Address:									
Employer Phone:									
SMTs:									
Offenses Involved:									
(1) _____ (2) _____									
(3) _____ (4) _____									
(5) _____ (6) _____									
(7) _____ (8) _____									
(9) _____ (10) _____									
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer									
TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>									
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS		
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS		
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	TOTAL		TOTAL		TOTAL		TOTAL		
\$0.00		\$0.00		\$0.00		\$0.00			
ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES								
DRUG	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
	1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown <input type="checkbox"/>								
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE 12-10-2019 <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE								
REPORTING OFFICER Williams s m		NUMBER 2832		APPROVING OFFICER Cole c e		NUMBER 2150			

PLAINTIFF-024356(UI&S)

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVECase #:
19-110614Officer ID/Name:
2832

Williams s m

Date:

11/27/2019 6:18:25 PM

Approving Officer ID/Name:

Date:

Title:

INITIAL REPORT

On November 27, 2019 at 2148 hours, I responded to a suspicious activity call at 4649 Memorial Drive room 117 at the United Inn in Stone Mountain. The victim, Ms. Jasmine Fields, advised that she was sexually assaulted.

DEKALB COUNTY POLICE DEPARTMENT**GA0440200****NARRATIVE**

Case #:

19-110614

Officer ID/Name:

2832

Williams s m

Date:

11/27/2019 6:20:33 PM

Approving Officer ID/Name:

2150

Cole c e

Date:

11/27/2019 7:59:19 PM

Title:

SUPPLEMENTAL NARRATIVE

On November 27, 2019 at 2148 hours, I responded to a suspicious activity call at 4649 Memorial Drive room 117 at the United Inn in Stone Mountain. The victim, Ms. Jasmine Fields, advised that she was sexually assaulted.

Ms. Fields advised that she met the suspect (black male, wearing a yellow shirt and jean jacket) up the street from the United Inn. She advised that she allowed the suspect to come into her room and once inside they went into the restroom. She advised that he attempted to rape her and stated "you know what this is" and made her perform oral sex on him. She advised that a physical altercation ensued and she was able to convince him to leave. She advised that she does not want to press charges.

I contacted the special victims unit and spoke with Detective Hardy #970. I was advised to title the report suspicious activity. Body Worn camera activated.

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
20-002455

EVENT	Incident Type: 3-6-12 WANTED PERSON LOCATED		Counts 1	Incident Code NONC	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY
	16-13-30 (3532) Vgcsa - possession - cocaine		1	3532	COUNTY	COUNTY
	16-13-30 (3564) Vgcsa - other - marijuana		1	3564	COUNTY	COUNTY
	Premise Type: COMMERCIAL		Weapon Type: 04	Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>
Date Report: 1/8/2020 9:03:56 PM Incident Start: 1/8/2020 4:21:00 PM Incident End: 1/8/2020 6:45:00 PM Incident Location: 4649 Memorial Dr DECATUR GA						
VICTIM	Name (Last, First Middle): DeKalb County Police Dpeartment					
	Address: 1960 W. Exchange Pl Tucker GA 30084-					
	SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State:					
	Occupation: Employer: Address: Employer Phone:					
	Victim Type: Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Name of Victim's School: LEOKA Activity Type: LEOKA Assignment Type:					
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
	SMTs:					
	Relationship To Offenders: (1) STRANGER (2) (3) (4) (5) (6) (7) (8) (9) (10)					
	Offenses Involved: (1) 3532 (2) 3564 (3) (4) (5) (6) (7) (8) (9) (10)					
	OFFENDER	Name: Moniker: DOB: Age: Sex: Race: Ethnicity:				
Address: Home Phone: Work Phone: Cell Phone: Email:						
SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State:						
Occupation: Employer: Address: Employer Phone:						
SMTs:						
Offenses Involved:						
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)						
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
TOTAL NUMBER ARRESTED: 2 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>						
PROPERTY		VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS
	STOLEN \$0.00		\$0.00		\$0.00	
	RECOVERED \$0.00		\$0.00		\$0.00	
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC	
	STOLEN \$0.00		\$0.00		\$0.00	
	RECOVERED \$0.00		\$0.00		\$0.00	
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK	
	STOLEN \$0.00		\$0.00		\$0.00	
	RECOVERED \$0.00		\$0.00		\$0.00	
	OTHER		TOTAL			
\$0.00		\$0.00				
ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES <input type="checkbox"/>					
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown					
CLEAR/DRUG	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input checked="" type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE 01-08-2020 <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE					
	REPORTING OFFICER: Kimble j j NUMBER: 3415 APPROVING OFFICER: Williams s k NUMBER: 2165					

PLAINTIFF-024359(UI&S)

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
ADDITIONAL VICTIMS

Case #:
20-002455

Name (Last, First Middle):					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:				
STATE OF GEORGIA																			
Address					Home #:		Work #:		Cell #:		Email:								
1960 W EXCHANGE PL TUCKER GA 30084-							770-724-7740												
SSN:		Resident Status:		HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:	
Occupation:					Employer:					Address:					Employer Phone:				
Victim Type:					Student:		Yes		No		If Yes, Name of Victim's School:			LEOKA Activity Type:		LEOKA Assignment Type:			
Government							<input type="checkbox"/>		<input checked="" type="checkbox"/>										
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other																			
Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																			
SMTs:																			
Relationship To Offenders:		(1) STRANGER		(2)		(3)		(4)		(5)									
		(6)		(7)		(8)		(9)		(10)									
Offenses Involved:		(1) 4004		(2)		(3)		(4)		(5)									
		(6)		(7)		(8)		(9)		(10)									

Name (Last, First Middle):					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:				
Address					Home #:		Work #:		Cell #:		Email:								
SSN:		Resident Status:		HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:	
Occupation:					Employer:					Address:					Employer Phone:				
Victim Type:					Student:		Yes		No		If Yes, Name of Victim's School:			LEOKA Activity Type:		LEOKA Assignment Type:			
							<input type="checkbox"/>		<input type="checkbox"/>										
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other																			
Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																			
SMTs:																			
Relationship To Offenders:		(1)		(2)		(3)		(4)		(5)									
		(6)		(7)		(8)		(9)		(10)									
Offenses Involved:		(1)		(2)		(3)		(4)		(5)									
		(6)		(7)		(8)		(9)		(10)									

Name (Last, First Middle):					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:				
Address					Home #:		Work #:		Cell #:		Email:								
SSN:		Resident Status:		HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:	
Occupation:					Employer:					Address:					Employer Phone:				
Victim Type:					Student:		Yes		No		If Yes, Name of Victim's School:			LEOKA Activity Type:		LEOKA Assignment Type:			
							<input type="checkbox"/>		<input type="checkbox"/>										
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other																			
Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																			
SMTs:																			
Relationship To Offenders:		(1)		(2)		(3)		(4)		(5)									
		(6)		(7)		(8)		(9)		(10)									
Offenses Involved:		(1)		(2)		(3)		(4)		(5)									
		(6)		(7)		(8)		(9)		(10)									

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
ADDITIONAL OFFENDERS

Case #:

20-002455

Name: Spence, Bobby		Moniker:		DOB: [REDACTED] 1978	Age: 41	Sex: M	Race: B	Ethnicity:
Address: Unknown Unknown		Home Phone:		Work Phone:	Cell Phone:	Email:		
SSN:	Resident Status: RESIDENT	HGT: 600	WGT: 180	Hair Color: BLACK	Hair Style: BRAIDED	Hair Length: MEDIUM	Eye Color: BROWN	State:
Occupation:		Employer:		Address:		Employer Phone:		
SMTs:								

Offenses Involved:

(1) 16-13-30 (3532) Vgcsa - possession - cocaine	3532	(2) 16-13-30 (3564) Vgcsa - other - marijuana	3564
(3)		(4)	
(5)		(6)	
(7)		(8)	
(9)		(10)	

WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input checked="" type="checkbox"/>	SUSPECT ARMED: N	WEAPON:	Used: <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown	

Name: WILLIAMS, CHELSIE RENEE		Moniker:		DOB: [REDACTED] -1988	Age: 31	Sex: F	Race: W	Ethnicity: N
Address: 127 PORKIE DR WARNER ROBINS GA 31093-		Home Phone:		Work Phone:	Cell Phone:	Email:		
SSN:	Resident Status: RESIDENT	HGT: 506	WGT: 120	Hair Color: BLACK	Hair Style: STRAIGHT	Hair Length: MEDIUM	Eye Color: BROWN	State: GA
Occupation:		Employer:		Address:		Employer Phone:		
SMTs:								

Offenses Involved:

(1) 16-6-9 (4004) Prostitution	4004	(2)	
(3)		(4)	
(5)		(6)	
(7)		(8)	
(9)		(10)	

WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input type="checkbox"/>	SUSPECT ARMED: N	WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown	

Name:		Moniker:		DOB:	Age:	Sex:	Race:	Ethnicity:
Address:		Home Phone:		Work Phone:	Cell Phone:	Email:		
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	State:
Occupation:		Employer:		Address:		Employer Phone:		
SMTs:								

Offenses Involved:

(1)		(2)	
(3)		(4)	
(5)		(6)	
(7)		(8)	
(9)		(10)	

WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input type="checkbox"/>	SUSPECT ARMED:	WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown	

PLAINTIFF-024362(UI&S)

DEKALB COUNTY POLICE DEPARTMENT						Case #:	
GA0440200						20-002455	
INCIDENT VEHICLES							
<input type="checkbox"/> STOLEN	TAG NUMBER PTG9704		STATE GA	YEAR 2020	V.I.N. 2MELM75W4TX690654	TYPE 2 OR 4 DOOR SEDAN (PASSENGER)	
<input type="checkbox"/> RECOVD	YEAR 1996	MAKE MERCURY	MODEL GRAND MARQUIS	STYLE SEDAN, 4 DOOR		COLOR GREEN	RELATED TO SPENCE, BOBBY KENTAVIOUS
<input checked="" type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY Loya Insurance Co.	
OWNER BURNS RASHEDA NESHADIA			ADDRESS 4375 CASCADE RD SW ATLANTA GA 30331-			PHONE	
INVENTORY <input checked="" type="checkbox"/>	INVENTORY DATE 1/10/2020 7:45:00 PM		STORED AT S & W TOWING		SECURED Y	DATE SECURED 1/10/2020 8:00:00 PM	RELEASED TO OTHER S & W TOWING

<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.	TYPE	
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE		COLOR	RELATED TO
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER			ADDRESS			PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE		STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER

<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.	TYPE	
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE		COLOR	RELATED TO
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER			ADDRESS			PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE		STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER

<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.	TYPE	
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE		COLOR	RELATED TO
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER			ADDRESS			PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE		STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER

<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.	TYPE	
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE		COLOR	RELATED TO
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER			ADDRESS			PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE		STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER

<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.	TYPE	
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE		COLOR	RELATED TO
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER			ADDRESS			PHONE	
INVENTORY <input type="checkbox"/>	INVENTORY DATE		STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT PROPERTY			Case #: 20-002455	
Class: G	Description: Tv, radio, etc.	Status: SA		
Make: LG	Model: CELL PHONE	Serial:		
Property Location:	QTY: 1	Value: \$NaN.NaN	UCR Code: 4004	
Related To: WILLIAMS, CHELSIE RENEE	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:

DEKALB COUNTY POLICE DEPARTMENT GA0440200 DRUG				Case #: 20-002455			
Drug Code/Description:		Status:		QTY:		Measure:	
3 Cocaine		F		0.8		GRAM	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
				<input checked="" type="checkbox"/> Possessing		<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
3 Cocaine		F		1.2		GRAM	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
				<input checked="" type="checkbox"/> Possessing		<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
3 Cocaine		F		0.3		GRAM	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
				<input checked="" type="checkbox"/> Possessing		<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
3 Cocaine		F		0.4		GRAM	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
				<input checked="" type="checkbox"/> Possessing		<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
3 Cocaine		F		0.3		GRAM	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
				<input checked="" type="checkbox"/> Possessing		<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
6 Marijuana		F		6.8		GRAM	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
				<input checked="" type="checkbox"/> Possessing		<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
						<input type="checkbox"/> Possessing	
						<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
						<input type="checkbox"/> Possessing	
						<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
						<input type="checkbox"/> Possessing	
						<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
						<input type="checkbox"/> Possessing	
						<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
						<input type="checkbox"/> Possessing	
						<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
						<input type="checkbox"/> Possessing	
						<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
						<input type="checkbox"/> Possessing	
						<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
						<input type="checkbox"/> Possessing	
						<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
						<input type="checkbox"/> Possessing	
						<input type="checkbox"/> Importing	
Drug Code/Description:		Status:		QTY:		Measure:	
<input type="checkbox"/> Buying		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Selling		<input type="checkbox"/> Operating	
						<input type="checkbox"/> Possessing	
						<input type="checkbox"/> Importing	

DEKALB COUNTY POLICE DEPARTMENT GA0440200 OTHER PERSONS								Case #: 20-002455		
Involvement Type: OTHER		Name (Last, First Middle): FAULKS REBECCA MAE			Moniker:		SSN:			
Address 1200 WYNNTON COLUMBUS GA 31906-					Home #:		Cell #:		Work #:	
DOB: [REDACTED] -1992	Age: 27	Sex: F	Race: B	Ethnicity: N	Resident Status: RESIDENT	Hair Color: BLACK	Eye Color: BROWN	HGT: 507	WGT: 209	
SMTs:										
Email:				OLN #: 056611281		State: GA		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
Occupation:		Employer/School:			Address:			Employer Phone:		
Involvement Type:		Name (Last, First Middle):			Moniker:		SSN:			
Address					Home #:		Cell #:		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:				OLN #:		State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
Occupation:		Employer/School:			Address:			Employer Phone:		
Involvement Type:		Name (Last, First Middle):			Moniker:		SSN:			
Address					Home #:		Cell #:		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:				OLN #:		State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
Occupation:		Employer/School:			Address:			Employer Phone:		
Involvement Type:		Name (Last, First Middle):			Moniker:		SSN:			
Address					Home #:		Cell #:		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:				OLN #:		State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
Occupation:		Employer/School:			Address:			Employer Phone:		
Involvement Type:		Name (Last, First Middle):			Moniker:		SSN:			
Address					Home #:		Cell #:		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:				OLN #:		State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
Occupation:		Employer/School:			Address:			Employer Phone:		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 20-002455
Officer ID/Name: 3413 Goldberg g d	Date: 1/10/2020 8:56:48 PM	Approving Officer ID/Name: 2435 Bobo r l
Title: INITIAL REPORT		
<p>Report Date: 01/10/2020 20:56:09 Reporting Officer: 3413 - Goldberg g d Approving Officer: 2435 - Bobo r l</p> <p>On 01/10/2020 at approximately 1840 hours, Officer Kimble #3415 advised me of a known suspect, Mr. Bobby Spence, with active warrants out of DeKalb County for pimping OCGA 16-6-11 under warrant number 20-W-000581 and keeping a place of prostitution OCGA 16-6-10 under warrant number 20-W-000580 under this case number. Officer Kimble advised Mr. Spence's location at the Wendy's located at 4643 Memorial Dr.</p> <p>Officer Kimble advised he observed a green 1996 Mercury Grand Marquis bearing Georgia license plate PTG9704 arrive at the Wendy's and pick up a passenger. I observed the vehicle exiting the Wendy's parking lot and noticed the driver appeared to match the DDS photo of Mr. Spence. At that time, I positioned my patrol vehicle in front of the suspect vehicle preventing it from exiting the parking lot and exited my patrol vehicle. Having been advised Mr. Spence may be armed with a firearm, I drew my department issued Glock 17 and issued loud verbal commands to the occupants to show me their hands to which they complied. I placed Mr. Spence in handcuffs with the assistance of Officer Hurst #3448 and secured him in the rear of my patrol vehicle without incident. Officer Hill #2804 detained the passenger.</p> <p>Officer Kimble provided original warrants. Mr. Spence was transported to DeKalb County jail where he was lodged on the active warrants.</p> <p>Officer Hill conducted an inventory check of the vehicle and discovered controlled substances in the driver door pocket where Mr. Spence was sitting. Reference Officer Hill's supplemental narrative under this case number. The vehicle was removed by S & W towing.</p> <p>Body Worn Camera utilized.</p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE			Case #: 20-002455	
Officer ID/Name: 2804	Hill m l	Date: 1/10/2020 10:00:00 PM	Approving Officer ID/Name: 2435	Date: Bobo r l
Title: SUPPLEMENTAL NARRATIVE				
<p>Report Date: 01/10/2020 22:00:00 Reporting Officer: 2804 - Hill m l Approving Officer: 2435 - Bobo r l</p> <p>On this date while patrolling in unincorporated DeKalb County, I was operating as Unit 230 Tango with the N. Central Task Force. We received an call from Det. Kimble of the DeKalb County V.I.C.E Unit whom stated that they had the location of a wanted subject, Mr. Bobby Spence whom they had recently acquired felony warrants on. The location that was provided was that of Wendy's 4643 Memorial Dr., which is located in unincorporated DeKalb County. Once at the location, the subject was identified and spotted operating a blue 1996 Mercury Marquis tag: PTG9704. After locating the vehicle and watching it, it was seen about to exit the parking lot of the Wendy's and enter on to Memorial Dr.</p> <p>Before the vehicle could go on to the roadway a traffic stop was conducted on the vehicle to take Mr. Spence in to custody. Mr. Spence was escorted out to the vehicle as he was then taken detained in reference to the pending warrants. The front seat passenger, Ms. Chelsie Williams was then escorted out of the front passenger side of the vehicle. Ms. Williams began to yell and scream erratically as she stated that she "didn't set him up" and why are we taking him to jail". She was detained and escorted to the rear of my police vehicle where she was briefly secured.</p> <p>As the vehicle was blocking the exit the business it was quickly moved out of the way by Officer Goldberg. The vehicle was moved to the parking lot right next to the exit in the entrance of the United Inn Suites located at 4649 Memorial Dr. The keys were left with my unit as Mr. Spence's warrants were confirmed and he was transported to the DeKalb County jail by another unit. While in the rear of my police vehicle, Ms. Williams continued to ask if Mr. Spence was going to jail. I assured her that she was okay and attempted to speak with her to calm her down. I then opened the rear passenger door of my police vehicle as Ms. Williams was advised that she was free to go and was no longer being detained.</p> <p>She then continued to ask if and what Mr. Spence was going to jail for. I advised her that he was a grown man and that I could not disclose his personal business. She then yelled stating that he was her only way home to where her nephew was. I then asked her where her nephew was and she stated that he was somewhere in Union City. She did not know the location and added that Mr. Spence was the only one to know where it was. I then attempted to ask her questions like "do I need to get the address from him to help her get home" in an attempt to help her get home. She refused to help this officer with any information in regards to getting her home.</p> <p>She then asked if she was free to go as she was advised several times that she was free to go. She then began to walk towards the Mercury. I then stated that she could not go in the vehicle, as it was going to be towed, and asked her if she needed anything from the vehicle. Ms. Williams stated that she would like to get a coat that was in the rear of the vehicle. I then opened the rear passenger door and removed a colorful jacket. I then patted the jacket down for weapons and contraband and then handed it to Ms. Williams.</p> <p>While reaching in the vehicle I could smell the odor of fresh marijuana coming from inside the vehicle. I then began to conduct a Probable Cause check of the vehicle due to the odor. I started on the front driver's side. The vehicle was cluttered with a lot of miscellaneous items. I looked under the seat and noticed that the odor began to get stronger. I then opened the rear driver's side passenger door and noticed a clear plastic sandwich bag containing several other small clear plastic baggies. The bag was located in between the door frame and that front driver's side seat. I then removed the bag and opened it. The contents of this bag were a small clear plastic baggie containing a white rocky substance. The substance had a field weight of 0.8 grams. Another small plastic bag contained a white powdery substance with a field weight of 1.2 grams. Another pink baggie bag contained a smaller white rocky substance with a field weight 0.3 grams. A larger pink baggie containing several smaller white rocks with a field weight of 0.4 grams and a single clear plastic baggie containing a green leafy substance (suspected marijuana) with a field weight of 6.8 grams. Also in the bag was a small glass capsule which had white powdery residue inside. The white powdery substance tested positive for cocaine.</p> <p>A further check of the inside of the vehicle reveled a small plastic baggie that was in the front ashtray as the ashtray was open. This plastic baggie contained a white powdery substance with a field weight of 0.3 grams. All substances were packaged and secured in my police vehicle. The vehicle was then towed by S&W Towing. Before the vehicle was towed an inventory check was conducted as a new pair of Nike shoes were placed in the trunk form rear passenger seat. There was several home good items, cleaning supplies, clothing and other items that was in the trunk. The narcotics was then taken to the DeKalb County Property room where it was lodged in as evidence. Det. Kimble was notified of the findings.</p> <p>Body worn camera activated.</p>				

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE				Case #: 20-002455	
Officer ID/Name:	3415 Kimble j j	Date:	1/8/2020 9:11:45 PM	Approving Officer ID/Name:	2165 Williams s k
					Date: 1/14/2020 8:36:26 PM
Title: INITIAL REPORT					
<p>On January 8, 2020, at approximately 1621 hours while working in the undercover capacity, I made contact with the suspect later identified as Ms. Chelsie Williams by the phone. I obtained Ms. Williams's phone number from a posted advertisement on The Listcrawler Escort website. While conversing with Ms. Williams she advised her price would be \$180 for an hour. Ms. Williams then advised she was located at 4649 Memorial Drive at the United Inn Motel. Ms. Williams advised several times to let her know when I arrive at the motel.</p> <p>Upon arriving at the motel I advised Ms. Williams and she provided her room number which was room #141. Upon walking to the motel door I observed the door of the room slightly ajar. I then knocked on the door and Ms. Williams stated, "Come in." Upon opening the door I observed Ms. Williams sitting at the head of the bed. Upon walking in and speaking to Ms. Williams I asked her if she wanted her money now or later and she stated, "Now is fine." I then asked her where I need to put the money and she stated, "You have done this before, just put it down so we can do what we do."</p> <p>I then placed the U.S. Currency (\$180) which derived from DeKalb County Official Investigative Funds in her presence on Ms. Williams's nightstand. I also observed a condom on the nightstand where the U.S. Currency was placed. I asked Ms. Williams what was off-limits and she stated, "I don't like anal." I then asked Ms. Williams what did she prefer and she stated, "I like it from the back." Ms. Williams then advised me to get undressed as she began to undress.</p> <p>Officers then arrived to the room and placed Ms. Williams in custody without injuries. Ms. Williams was charged with Prostitution (warrant#20-W-000497) for sexual intercourse for \$180. Ms. Williams was later transported and logged in the DeKalb County Jail. Ms. Williams's phone was placed in the property room for safekeeping.</p>					

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
20-002455

Officer ID/Name: 3415	Kimble j j	Date: 1/10/2020 10:33:52 PM	Approving Officer ID/Name: 2165	Williams s k	Date: 1/14/2020 8:48:51 PM
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Title: SUPPLEMENTAL NARRATIVE

Report Date:

Reporting Officer: 3415 - Kimble j j

Approving Officer: 2165 - Williams s k

On January 09, 2020, I continued my investigation on the prostitution arrest of Ms. Williams made on January 8, 2020. While arresting Ms. Williams she advised she wanted to see her sister before being taken to jail. Ms. Williams advised her sister (Rebecca Faulks) stayed in room 139 at the United Inn located at 4649 Memorial Drive. Detective King#2984 along with North Central Taskforce attempted to make contact with room 139. Mr. Bobby Spence opened the door of the room. Once Mr. Spence opened the door of the room Officer Anderson positively identified Ms. Faulks as being wanted out of DeKalb County Sheriff's Office.

Ms. Faulks was then detained and later transported to the DeKalb County Jail. Detective Johnson#2183 then went to the front office of the motel and retrieved the registry for the rooms. The office manager willingly provided the information of the rooms and it was determined Mr. Spence possessed multiple rooms in his name including rooms 141 and 139. Detective King was able to positively identify Mr. Spence as being the same male on the Georgia Driver licenses provided from the front office. Mr. Spence was later released.

Ms. Williams made several jail calls to Mr. Spence while being incarcerated on January 9, 2020. Ms. Williams stated in one of her calls, "Please get me out of here I'm sorry this." Mr. Spence then stated to Ms. Williams, "We talked about this before, if anything happens you were supposed to keep your mouth closed because we would have found out anyway." Ms. Williams then stated to Mr. Spence, "You can get me out and I can make the money back." Mr. Spence stated to Ms. Williams, "You could have gotten me messed up." Later in the conversation, Mr. Spence advised he had another female changing her location to Union City so she could catch a play. Catch a play mean; get a john to pay for sexual services.

Ms. Faulks also made several calls to Mr. Spence on January 9, 2020, advising that it was Ms. Williams's fault she was arrested. Mr. Spence advised he went through the process of prostitution before. Mr. Spence then stated, "I might have to recruit another female." Mr. Spence spoke with Ms. Faulks about finding other females to work. Mr. Spence also requested Ms. Faulks's listcrawler account. Listcrawler is a dating advertising site that promotes sexual activity in exchange for money.

On January 9, 2020, at approximately 2345 hours Detective Johnson and I conducted an interview at the DeKalb County Jail with Ms. Williams. Before the interview was conducted I advised Ms. Williams of her Miranda rights. While speaking with Ms. Williams she advised she had been prostituting for over a year. Ms. Williams advised she had to take care of her sister Ms. Faulks. Ms. Williams also advised she used the money from prostituting to pay for all the rooms including the room Mr. Spence and Ms. Faulks were occupying.

After checking Mr. Spence's criminal History it was determined Mr. Spence had been convicted for pimping in 2012 in DeKalb County. I was then able to obtain warrants on Mr. Spence for Keeping a place of Prostitution (Warrant #20-W-000580) and Pimping (Warrant #20-W-000581). Mr. Spence advised he would pick Ms. Williams once she was released from the DeKalb County Jail.

On January 10, 2020, at approximately 1830 hours I observed Ms. Williams walking away from the Jail. I then conducted undercover surveillance based on Mr. Spence advising he would pick up Ms. Williams. I later observed a black sedan driving into Wendy's parking lot located at 4643 Memorial Drive. I observed Mr. Spence driving the vehicle as Ms. Williams entered the back left passenger seat. A traffic stop was conducted by uniform based on the warrants I possessed for Mr. Spence. Mr. Spence was taken into custody without incident and injuries.

Upon conducting an inventory on the vehicle a clear plastic bag containing: one small clear plastic bag containing a chalky white substance (weighing 0.8 grams), one clear plastic bag containing a white powdery substance (weighing 1.2grams), a small pink plastic bag containing 0.3 grams of a white chalky substance, one small pink clear plastic bags containing multiple white chalky substance (weighing 0.4 grams), and one clear plastic bag of a green leafy substance (weighing 6.8 grams) in the driver side door. There was a small clear plastic bag containing a white powdery substance (weighing 0.3 grams) in the ashtray. The white chalky and powdery substance field-tested positive for cocaine.

Mr. Spence was also charged with Possession of Cocaine (Warrant #20-W000612) and Possession of Marijuana Less than an Ounce (Warrant #20-W000613). Mr. Spence was transported and lodged in the DeKalb County Jail. There was bodyworn available for both arrests. There was also video surveillance available for the interview with Ms. Williams. Other evidence available upon request.

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
20-013034

EVENT	Incident Type: 16-6-2 (1104) AGGRAVATED SODOMY 16-6-2		Counts 1	Incident Code 1104	Offense Jurisdiction COUNTY	Arrest Jurisdiction				
VICTIM	Premise Type: RESIDENCE		Weapon Type: 04	Forcible: U	Stranger To Stranger: U	Hate Motivated: <input type="checkbox"/>	Loc Code: 560			
	Date Report: 2/10/2020 12:26:28 PM Incident Start: 2/10/2020 12:26:31 PM Incident End: 2/10/2020 12:00:45 PM Incident Location: 4649 Memorial Dr Decatur GA									
	Name (Last, First Middle): Cobb, Denzell		Moniker:	DOB: -1992	Age: 27	Sex: M	Race: B	Ethnicity: N		
	Address 1475 S DIANE CT Apt B Smyrna GA 30080-		Home #:	Work #:	Cell #:	Email:				
	SSN:	Resident Status:	HGT: 506	WGT: 145	Hair Color: BLACK	Hair Style: BRAIDED	Hair Length: SHORT	Eye Color: BROWN	OLN #: 059769855	State: GA
	Occupation:		Employer:	Address:		Employer Phone:				
	Victim Type: Individual									
	Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Name of Victim's School: LEOKA Activity Type: LEOKA Assignment Type:									
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer									
	SMTs:									
OFFENDER	Relationship To Offenders:		(1) ACQUAINTANCE	(2)	(3)	(4)	(5)			
			(6)	(7)	(8)	(9)	(10)			
	Offenses Involved:		(1) 1104	(2)	(3)	(4)	(5)			
			(6)	(7)	(8)	(9)	(10)			
	Name: Sheard, Daquan		Moniker: Dayday	DOB: -1982	Age: 37	Sex: M	Race: B	Ethnicity: N		
	Address: 2900 LANDRUM DR SW Apt 89 Atlanta GA 30311-		Home Phone:	Work Phone:	Cell Phone:	Email:				
	SSN:	Resident Status:	HGT: 510	WGT: 190	Hair Color: BLACK	Hair Style: BRAIDED	Hair Length: SHORT	Eye Color: BROWN	OLN #: 051005509	State: GA
	Occupation:		Employer:	Address:		Employer Phone:				
	SMTs:									
	Offenses Involved:									
PROPERTY	1) 16-6-2 (1104) AGGRAVATED SODOMY 16-6-2		1104							
	(3)		(4)							
	(5)		(6)							
	(7)		(8)							
	(9)		(10)							
	WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED: WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
	TOTAL NUMBER ARRESTED: 0		ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>							
	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS			
	STOLEN \$0.00		\$0.00		\$0.00		\$0.00			
	RECOVERED \$0.00		\$0.00		\$0.00		\$0.00			
ADM.	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS			
	STOLEN \$0.00		\$0.00		\$0.00		\$0.00			
	RECOVERED \$0.00		\$0.00		\$0.00		\$0.00			
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER			
	STOLEN \$0.00		\$0.00		\$0.00		\$25.00			
	RECOVERED \$0.00		\$0.00		\$0.00		\$0.00			
	TOTAL						\$25.00			
DRUG	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES									
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown									
	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE									
REPORTING OFFICER Mathis, jr russell		NUMBER 3554		APPROVING OFFICER Jenkins h		NUMBER 2221				

DEKALB COUNTY POLICE DEPARTMENT						Case #:	
GA0440200						20-013034	
ADDITIONAL OFFENDERS							
Name:		Moniker:		DOB:	Age:	Sex:	Race:
Brown, Adrain Monteco				-1995	24	M	B
Address:		Home Phone:		Work Phone:	Cell Phone:	Email:	
1061 Edna Pl Macon GA 31204-							
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
		511	220	BLACK	AFRO	SHORT	BROWN
Occupation:		Employer:		Address:		Employer Phone:	
SMTs:							
Offenses Involved:							
(1) 16-6-2 (1104) AGGRAVATED SODOMY 16-6-2		1104		(2)			
(3)				(4)			
(5)				(6)			
(7)				(8)			
(9)				(10)			
WANTED: <input checked="" type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED: <input type="checkbox"/>	
WEAPON: <input type="checkbox"/>		Used: <input type="checkbox"/>		Drugs <input type="checkbox"/>		Alcohol <input type="checkbox"/>	
Computer <input type="checkbox"/>		DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown	
Name:		Moniker:		DOB:	Age:	Sex:	Race:
Okaibai					00	M	B
Address:		Home Phone:		Work Phone:	Cell Phone:	Email:	
Unknown GA							
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
Occupation:		Employer:		Address:		Employer Phone:	
SMTs:							
Offenses Involved:							
(1) 16-6-2 (1104) AGGRAVATED SODOMY 16-6-2		1104		(2)			
(3)				(4)			
(5)				(6)			
(7)				(8)			
(9)				(10)			
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED: <input type="checkbox"/>	
WEAPON: <input type="checkbox"/>		Used: <input type="checkbox"/>		Drugs <input type="checkbox"/>		Alcohol <input type="checkbox"/>	
Computer <input type="checkbox"/>		DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown	
Name:		Moniker:		DOB:	Age:	Sex:	Race:
Address:		Home Phone:		Work Phone:	Cell Phone:	Email:	
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
Occupation:		Employer:		Address:		Employer Phone:	
SMTs:							
Offenses Involved:							
(1)				(2)			
(3)				(4)			
(5)				(6)			
(7)				(8)			
(9)				(10)			
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED: <input type="checkbox"/>	
WEAPON: <input type="checkbox"/>		Used: <input type="checkbox"/>		Drugs <input type="checkbox"/>		Alcohol <input type="checkbox"/>	
Computer <input type="checkbox"/>		DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown	

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT PROPERTY			Case #: 20-013034	
Class: L	Description: Other	Status: S		
Make: Wallet	Model: Leather	Serial: N/A		
Property Location: Suspect	QTY: 1	Value: \$25.00	UCR Code: 1104	
Related To: Cobb, Denzell	Date Recovered:	Recovery Code:	Jurisdiction Stolen: 2	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVECase #:
20-013034

Officer ID/Name:

3554

Mathis, jr russell

Date:

2/10/2020 2:19:40 PM

Approving Officer ID/Name:

Date:

Title:

INITIAL REPORT

On February 10, 2020 at approximately 1040 I was dispatched to 4649 Memorial Dr in reference to a sexual assault that had just taken place.

For more detail refer to supplemental narrative.

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
20-013034

Officer ID/Name:
3554

Mathis, jr russell

Date:

2/10/2020 2:34:03 PM

Approving Officer ID/Name:

Date:

Title: SUPPLEMENTAL NARRATIVE

On February 10, 2020 at approximately 1040 I was dispatched to 4649 Memorial Dr in reference to an assault that had just taken place. When I arrived on scene the complainant, Mr. Denzell Cobb advised that the night before (February 09, 2020) Mr. Adrain Brown had kicked Mr. Cobb out of the room (room 202) they were staying in together. Mr. Cobb stated that Mr. Brown would not allow him to retrieve his personal belongings from the room. Mr. Cobb previously stayed in room 140 by himself but had moved in with Mr. Brown on February 7, 2020. Unrelated to this incident, Mr. Brown is currently wanted by Bibb County SO.

Mr. Cobb left room 202 and walked to room 317 where he stayed with Mr. Daquan Sheard at some point during the night Mr. Sheard tried to force himself sexually onto Mr. Cobb. Mr. Cobb was able to get away from Mr. Sheard and left room 317. Mr. Cobb stated he was sexually assaulted by Mr. Sheard 3 times over the past 2 months including 1 incident involving penetration of Mr. Cobbs anus with Mr. Sheards penis, approximately 5 weeks ago(January 1-8, 2020).

Mr. Cobb stated that unrelated to this incident he needed surgery on his rectum and needed transportation. Mr. Cobb was transported to Grady Hospital by AM74.

Mr. Cobb has an active arrest warrant out of Miami Dade (No Extradition).

Mr. Cobb also stated that he had his wallet stolen at the Retreat Apartments but was unable to provide information on the suspect other than first name (Okai bai).

SVU Detective Moore (965) was contacted.

Mr. Cobb was given a case number.

Body worn camera activated.



DeKalb County Police

Tucker Precinct

4451 Lawrenceville Highway
Tucker, Georgia 30084
(678-937-5301)

Operation Safeguard Tucker Gas Stations / Stores / Motels Suppression

I. Situation

An analysis of the top eight gas stations / convenience stores and motels was compiled to identify high crime locations. The gas stations were analyzed from 1-1-2016 to 2-24-2020 and motels from 1-1-2020 to 2-24-2020. The analysis identified gas stations / convenience stores and motels with the highest crime rate (Part 1 Crimes) within the Tucker Precinct.

Tucker Precinct Top 8 Gas Stations / Convenience Stores

Citgo	5095 STONE MILL WAY
Texaco	6201 MEMORIAL DR
Chevron	1131 N HAIRSTON RD
Chevron	4766 REDAN RD
Quick Trip	3830 N DECATUR RD
Mystik	4837 MEMORIAL DR
Quick Stop	1101 N HAIRSTON RD
Texaco	5248 MEMORIAL DR



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Tucker Precinct Top Motels

United Inn	4649 Memorial Drive
Stone Mountain Inn	Mountain Ind. Blvd.
Budgetel Inn & Suites	5075 Memorial Drive
Home 1 Extended Stay	4893 Memorial Drive
Masters Inn	1435 Montreal Road

These locations have the highest crime rate within our business community. The Tucker Precinct will increase daily enforcement to reduce these crimes, increase trust and respect among the owners, managers, and community members who shop or live at these locations.

II. Mission

Who- Tucker Watches (Territory, Over Time, Impact units) , Tucker FIT, Tucker CID, DeKalb Narcotics / Vice, DeKalb Special Victims Unit, DeKalb Special Operations (Traffic / S.W.A.T), DeKalb Intel Section, DeKalb Police Gang Unit, DeKalb Auto Theft Unit. The DeKalb Sheriff will be notified of this operation and solicited for assistance.

What- Increase patrol enforcement / reduce crime

When- March 7, 2020 – until further notice (minimum of 30 days)

Where- Identified locations (parking lot and inside locations)

Why- The Department has a goal of reducing crime at these locations which consistently serves the community and businesses, creating a safe place to shop and live.



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III. Execution

Starting March 7, 2020 the Tucker Precinct will begin to focus our enforcement efforts at each of these locations. Commanders from each unit will identify on their watch lists the supervisors and patrol officers assigned to the directed patrols. Supervisors and officers assigned to the patrols will park their patrol units and go inside these locations. They will communicate with citizens and management. We must make face to face communications and walk the premises in order to be effective. An officer will be assigned to inspect each extended stay hotel identified as high crime to insure compliance with local ordinances (specifically, 18-135 through 18-142).

Beginning on March 7, 2020, Operations Assistance will be requested from the following:

- A) Tucker FIT- will serve as the primary enforcement arm of the operation. They will direct patrol units and UC vehicles daily to these locations.
- B) Tucker Precinct Public Education Specialist as well as Apartment Liaisons - will conduct a site visit to each of the locations and communicate our crime reduction efforts. Solicit information that will help assist the Department in its enforcement activities. The owners and management will be notified of the Major's Community Engagement Meeting as well as other activities to include Coffee with Cop. It is hopeful these locations will partner in the Tucker Precinct community activities.
- C) Tucker Uniform - (Commanders) – will identify which units are to aggressively patrol these locations on the watch lists. Units will advise radio of their POAP and make contact with citizens and employees on the premises. Watch Commanders will plan their weekly community roll calls in and around these locations.
- D) Tucker CID – will ensure that detectives POAP these locations on their weekly patrol activities. Detectives will advise radio of their POAP and make contact with citizens and employees on the premises. Detectives will participate in the weekly community roll calls.
- E) Narcotics/Vice Unit will serve in a UC capacity during the operation. The Narcotics Unit will utilize vehicles and surveillance equipment as needed to patrol the designated operation locations. Tucker Precinct will assist with any investigations.



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- F) Gang Unit will serve in both UC and uniformed capacity during the operation. The Gang Unit will utilize vehicles and surveillance equipment as needed to patrol the designated operation locations. Gang Unit detectives will serve in an intelligence roll in addition to active patrols. Gang Unit detectives will provide intel regarding known gang members known to reside and or loiter in the designated locations.
- G) Auto Theft Unit will provide a detective to work the parking lots with LPR.
- H) Intel Unit will provide monthly crime stats for each of these locations. Also, the names of the top 10 arrestees at each locations.
- I) Special Victims Unit – will conduct sex crimes and ICAC initiatives at the motels. Tucker Precinct may provide additional personnel for these initiatives if requested.
- J) Special Operations – will provide traffic enforcement during their monthly scheduled operations for Tucker Precinct. Also, the S.W.A.T Unit will POAP these locations and conduct proactive enforcement stops of suspicious activities.
- K) DeKalb Sheriff will be notified of the criminal activity at the locations and solicited for assistance. Basic POAP at these locations will increase law enforcement visibility and help reduce crime.
- L) All units will be required to record daily statistics and provide weekly statistics on activity at the targeted locations. These stats will be placed on the weekly reports and submitted to Captain Wallace by Monday of the following week.

IV. Administrative Logistics

Captain Wallace will communicate with each commander or agency to solicit their assistance. A POC will be requested for activity and statistics reporting.

Command Control

Major Medlin and Captain Wallace will continue to discuss the operation effectiveness and



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review the monthly crime statistics for effectiveness.